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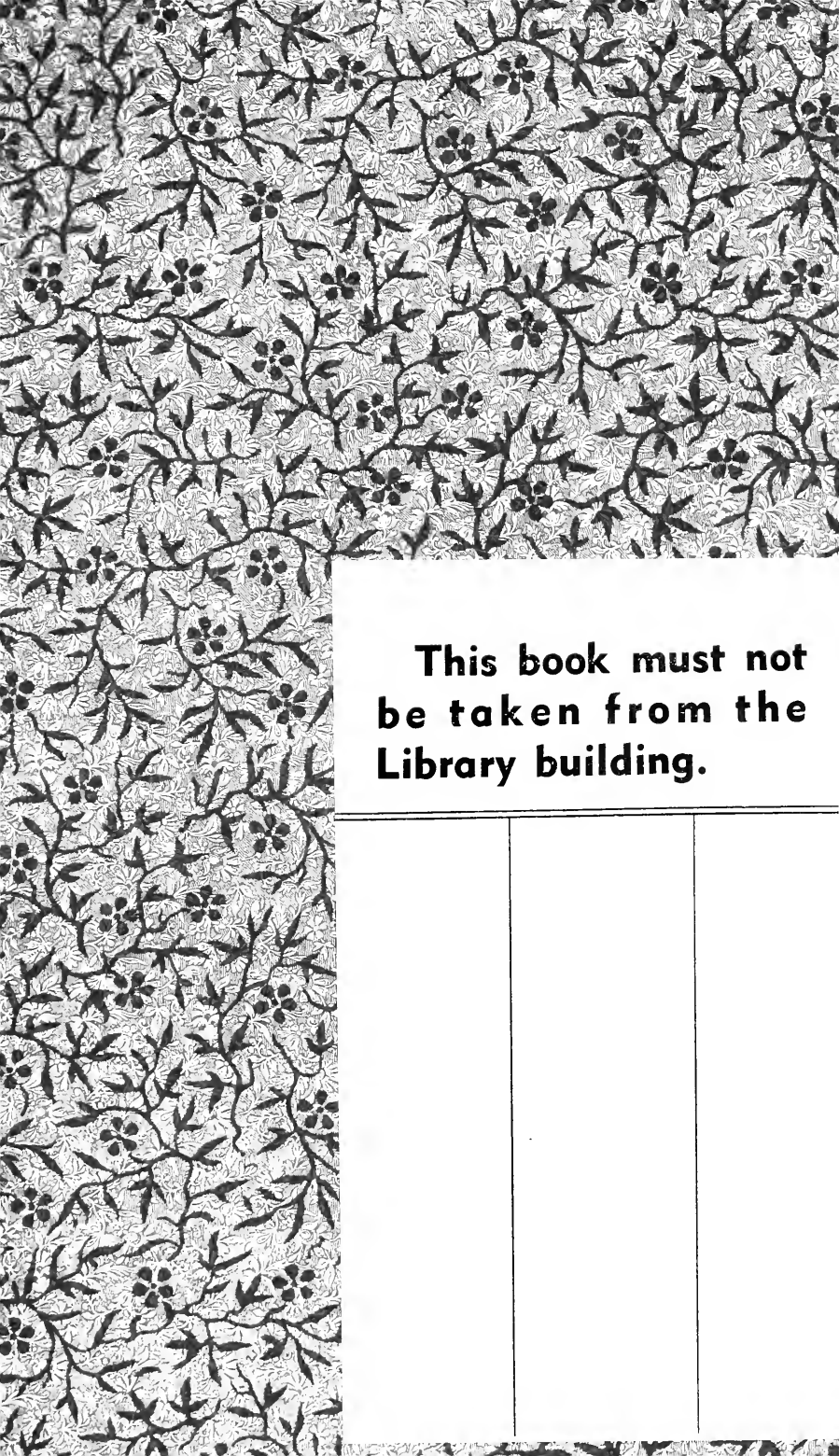

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THE BULLETIN

—*of*—

The North Carolina Dental Society

(Component of the American Dental Association)

CONTAINING THE

PROCEEDINGS

OF THE

NINETY FIRST ANNIVERSARY MEETING

AT THE
CAROLINA HOTEL
PINEHURST, N. C.

MAY 5, 6, 7, 1947

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PROCEEDINGS

of the

NORTH CAROLINA DENTAL SOCIETY

MONDAY MORNING SESSION

May 5, 1947

The opening session of the Ninety-First Anniversary Meeting of the North Carolina Dental Society convened in the ballroom of the Carolina Hotel, Pinehurst, on Monday morning, May 5, 1947, and was called to order at 9:45 o'clock by the president, Dr. E. M. Medlin, of Aberdeen.

PRESIDENT MEDLIN: The Ninety-First Anniversary Meeting of the North Carolina Dental Society will please come to order.

It is my pleasure and privilege this morning to present to you my pastor, the Rev. Zeb A. Caudle, of the Aberdeen Baptist Church, who will deliver the invocation. Let us stand.

REV. ZEB A. CAUDLE: Eternal God, our Father, we pause to lift our hearts to Thee in humble gratitude and praise and thanksgiving for the privilege of life and for the opportunities we have to live our lives nobly and helpfully. We thank Thee for the worthy task given to the dentists of our fair land, to relieve human suffering and to restore and safeguard the health of the people. We acknowledge Thee as our inspiration to do every good and worthy service we render. Direct us, we pray Thee, in all sessions of this convention, and let all the work done be of the highest possible type. Bless the President and all other officers of this body. Let Thy presence and protection be with their families and their loved ones. Let us be aware that we are workers together in a common cause, and let all the labors here and all the plans made for the tomorrows be made as in Thy sight.

We are thinking now of some not here, those who have slipped away since we last met. We bless Thee for all their work and service while they were with us. May Thy rich grace be extended to those whose hearts were made most heavy by their going.

Hear our prayers, O God, and give Thy blessing and Thy grace to all these, Thy servants. All this we ask through Jesus Christ, our Lord. Amen.

PRESIDENT MEDLIN: I am particularly happy to have present this morning to deliver the address of welcome the man who is scheduled on the program to do that. He told me some time ago that he was going to Scotland to attend the Walker Cup matches, and that he was scheduled to sail on thhe Queen Elizabeth on thhe twenty-fourth. I am not saying he stayed over just to be with us, but we are indeed happy to have present at this meeting Mr. Richard S. Tufts, the President of Pinehurst, Inc., who will now deliver the address of welcome.

MR. RICHARD TUFTS: Mr. President and gentlemen, it is a double pleasure to welcome the members of this convention to Pinehurst —first, as old friends who have been here many times before and, second, because we have the very distinct honor of having a local boy as president of your association. We hope that the meeting will be doubly successful for that reason, that the weather will be the best, that the service will be perfection, and that your sessions will be profitable an enjoyable from every standpoint.

When Erbie asked me about the address of welcome, as I have a number of times before, I suggested to him that, as you are are old friends, it might not be necessary to welcome you to Pinehurst. His reply was: "It is very important to have a welcoming address at these meetings, so as to give the members time to get into the Lecture room for the President's address." (Laughter.) I said to him: "What am I going to speak about? On previous occasions I have told them a little about the history of Pinehurst, how it was founded by my grandfather, about how we run it, and so forth." He said: "Well, why not talk about me?" (Laughter.)

So I take as my text our good friend, Erbie Medlin. As far as I know, Erbie has three principal interests in life. One is, naturally, teeth; another is bridge; and the third is golf. I do not know much about him, although he has been my dentist for a number of years and he is a very good friend. That may be a peculiar combination. Fortunately for me, but unfortunately for him, I have very good teeth, so he does not get to work on them very much.

As for bridge, I am not a bridge player myself so I do not know very much about Erbie's ability as a bridge player except that I notice he gets out to play bridge about as often as he goes out to play golf, so I think probably his bridge is as good as his golf. I play golf with him quite a lot. When you start off with him on the first tee he is very friendly and gracious and benign. I think I have paid a little bit more to him on the golf course than I have in a professional way.

Several years ago Erbie asked me to play with him in a local tournament. I was not playing as his partner; Mr. Ross was his partner. The eleventh is a rather crucial hole—par three. Mr. Ross hit his ball and walked on, and when we came up he was trying to putt, so we naturally conceded him two on the hole. But he was a little too strong, and the ball went beyond. He walked up to his putt and did not take much time, and he lost that one too. Well, when you hear about the Mighty Casey in Mudville, that is the kind of thing it was. Erbie let out a tremondous scream; and for the rest of the round every time Mr. Ross got a six-inch putt Erbie would say: "Take your time, Mr. Ross, take your time."

Erbie called me up a short while ago and said: "You have not won a prize in this tournament, and I should like to help you win one." I said: "Well, I have won a couple already, and I don't think I could help you very much." Well, I went around with him, but something happened to Erbie's game that day. The thing that worried me about it is this. I had

a tooth out about three months ago, and I have not received the bill for it yet, so I am a little worried. I don't know whether Erbie is embarrassed because he lost in that golf match or embarrassed about the size of the bill.

In all seriousness, we feel very proud that we have a local boy as President of your Society. It means a lot to us; we think a great deal of Erbie in this section. He is a fine citizen, a very public-spirited man and we love him and are very happy that you have selected him as the head of your organization.

I hope that you will have a most successful meeting, and if there is anything we can do to make it more successful I trust you will let us know.

PRESIDENT MEDLIN: I should like to respond to that address of welcome, but that is not the order of the program. I am turning it over to Dr. G. A. Lazenby, of Statesville.

DR. G. A. LAZENBY: Mr. President, Mr. Tufts, members of the North Carolina Dental Society, ladies, and gentlemen, in behalf of the Society we wish to thank Mr. Tufts for his fine and cordial address of welcome. We assure him that we are always delighted to meet in Pinehurst. This spacious place, this comfortable hotel, with its fine and varied facilities, is veritably a haven to which people may come and rest their tired minds and bodies. We salute you, Mr. Tufts, for producing a place of this character. If there were more of them possibly the pages of history would not be filled with stories of terrible wars and grevious misunderstandings. In accepting the key to this city we take it with the desire to unlock a few golden hours in which we may commune with friends and renew old friendships and make new ones; and we promise to return this key untarnished and unbroken, with the hope that ere long it will be our privilege to meet again in this enchanted place called Pinehurst.

PRESIDENT MEDLIN: Thank you, Dr. Lazenby.

I now recognize our Vice-President, Dr. Marcus R. Smith, who will assume the Chair.

VICE-PRESIDENT SMITH: We shall have the President's Address by Dr. E. M. Medlin, of Aberdeen. Dr. Medlin.

PRESIDENT E. M. MEDLIN: Mr. Chariman, Fellow Members of the Society, and Guests: It is my sincere pleasure to welcome you to the ninety-first annivesary meeting of this organization. I want to express to the membership of this society my gratitude for giving me the honor of being your president; which makes it necessary, according to custom, at this time, to present this address. In order to give you a little background leading up to this moment, I want to tell you the opening remarks of an address I heard recently; it started like this: Twelve thousand miles from this spot, as the crow flies, three years ago, to the minute, as the earth turns, the speaker conceived his idea on foreign policy and security. It

was a few minutes past midnight, seven thousand feet above the jungle of Central Burma, just east of the Irawaddy River, and just north of Mandalay. For passengers, we had seven Missouri mules, and for comfort, little except the knowledge that in about four hours, we would be back in India, and not two hundred miles behind the Japanese lines. This man today is president of one of our airlines. My being here today, and thoughts for my address, did not come about in such a spectacular manner. I was coasting along until May 13, 1941, six years ago, at our annual convention, some of my friends, including two gentlemen, that helped raise me, conceived the idea of my being made Secretary-Treasurer of this organization. Then the trouble began, and I have been in the harness ever since. Serving as Secretary-Treasurer during three war years, the most trying time for all of us, two years as President-Elect and this past year as president. I have been amply compensated in a great many ways. I have enjoyed knowing such a great number of our men intimately. It has been a source of pride to observe the calibre of the members of our society, rendering self-sacrificing service, with the many difficulties facing them, both military and civilian personnel. When the lines were tight, dentists made great sacrifices, fuulfilling the call to duty, in the recent great global conflict. Men rise to their greatest heights in emergencies.

One of the outstanding committees, during the war years, was our Procurement and Assignment Committee, under the tireless and able leadership of Dr. H. O. Lineberger.

And now that we are in this post war period, with all the problems and readjustments necessary, our state society is carrying on in a progressive fashion.

During the past six years, in spite of difficulties, I have attended a great many dental meetings, including practically all District meetings. During this immediate past year, I atended all district meetings, The A. D. A. meeting in Miami and the recent Virginia meeting. I have attended three state Society Officers Conferences, which are held in conjunction with American Dental meeting. These conferences are most helpful and instructive. I would strongly urge that always have one of our state officers be present at these annual meetings. They are arranged so as not to conflict with any meetings of the A. D. A. House of Delegates.

AID TO VETERANS

The dental veterans are re-locating at a rapid rate and the younger men are taking their places in peace time health pursuits in their communities. May they progress and prosper and enjoy these privileges, taking their place in the active role of leadership in society affairs. A satisfactory settlement of the veterans administration program was worked out by our state during the year. The revised dental fee schedule was set up by our Military Affairs Committee, with the VA. These fees are more in tune with the times and are encouraging wide spread participation on the part of our members. The veterans are obtaining the best possible dental care, which they rightfully deserve.

Your Executive Committee voted to recommend any dentist in good standing for appointment as a participating dentist. Formerly, there were a limited number of designated dentists in spearated areas. Under the present plan the patient can select his dentist and the dentist can continue to serve his patients, who have returned from service. This program has important implications: It is going to prove that private practice can provide dental care, without infringing on its professional independence. It will have the effect of off-setting any undesirable programs that might arise by showing efficiency and practicability. I would urge our participating members to lend their efforts in facilitating this work.

INSURANCE PROGRAM

Our society has three group policies, First: Professional Liability, taken out with Aetna in 1924. 453 members carry this malpractice protection. 19 claims and 8 suits, the first 10 years, and 37 claims and 11 suits the past 10 years. Damage claims consisted of roots retained, tooth in lung, antrum, broken jaw, wrong tooth, anaesthesia accidents, infections and broken needles. One accident was caused by the handpiece falling from the hook and imbedding the drill in the patients leg. Another case, not in North Carolina, was from the handpiece falling from the hook and the drill was buried in the patients skull, killing her. This emphasizes the importance of every dentist to attach the handpiece securely on the hook and away from the patient. You can get protection at low cost from $10.00 to $100,000.00.

We have a group life policy of $3000.00. A bonus of 15 per cent has recently been added, which makes the policy $3,450.00. In January, 1944, double indemnity was made part of the coverage. Accidental death would make policy value $6,900.00. This policy makes an ideal clean-up fund. Approximately 108 of our members carry this insurance. Far too few. The third is our group accident and health insurance, which has been serving our membership for four years. More than 400 members are insured under the plan and approximately $40,000.00 in benefits has been paid to disabled North Carolina dentists. It is with great satisfaction that I can report to you that the company has co-operated with your officers in every request. During this year, they have granted us, substantial increased benefits, without extra cost. May I ask each of you to urge all new members to apply for coverage. If we give this plan our support and participation, there is every reason to believe, still further benefits will be granted to us in the future. Would recommend that future committees continuously consider the problem of insuring the members of this society for their protection, in any manner whatsoever.

DISCOVERY OF ETHER BY A DENTIST

Your state society co-operated with the A.D.A. MORTON CENTENNARY COMMITTEE by appointing a state committee, composed of one member from each district, consisting of Doctors Fitzgerald, Olive Sikes, McFall and V. B. Kendrick. At each of their respective district meetings, these men read fine papers, commemorating the most outstanding occasi

in dentistries colorful 100 years history. The finest demonstration of surgical anaesthesia with ether, by a dentist of Boston, Dr. William T. Morton, October 16, 1846. I wish a radio hook-up, in our state, could have been arranged so that more of the public could have heard of this event, which was a landmark, in the progress of human civilization. A boon to suffering mankind, given to the world, by one of our profession. With a little special study, there is no reason why all dentists of today cannot administer, or supervise the administering, of a general anaesthetic.

NATIONAL COMMITTEE OF DENTISTS

In the spring of 1946, dentists from all over the country, who were concerned about the growing efforts and influence of un-American groups, who were seeking to undermine our government and, as a part of their program, to force legislation that would destroy the private practice system for dentistry and medicine, set up an independent organization, known as the National Committee of Dentists.

The program and activities of this group are directed by leaders in the dental profession, and as a part of the program, state committees to co-operate with the National Committee, have been organized throughout the United States. The North Carolina Dentists Committee is functioning as a part of this effort, with Dr. T. E. Sikes as chairman.

Co-operating with the National Physicians Committee, this organization has exerted effective influence in defeating legislation, such as the Wagner-Murray-Dingell Bill, and is right now, leading the defense against passage of similar legislation, in the territory of Hawaii. The National Committee of Dentists has as its stated purpose, the support of the constructive program of the professional organizations of dentistry, and will use its resources and influence, for that purpose, and in defense of the past traditions of our American way of life.

CERTIFICATION OF SPECIALISTS

Sometime ago, I appointed a committee known as the Certification of Specialists. Dr. Turbyfill, of Asheville is Chairman, and he will make a report on the work of his committee before the House of Delegates.

CHILD HEALTH SERVICE

The great need of increased dental services in our state and nation, particularly, for children. The problem of dental service for children is a great one. It seems that we have an improper balance in the fact that there is more dental education for children's dentistry that availability for the service. This will backfire on dental health education, and make the parents wonder if the dentist really believe that treatment of childrens teeth will pay dividends in increased health, comfort and appearance.

The solution to this problem has not been found, but considerable work and thought is being devoted to it by the Council on Dental Health of the A.D.A. and American Society of Dentistry for Children. I am sure our

committee on Dental Health will co-operate in every way, and in the meantime, I want to urge all of our individual members to give more time to children in their practice.

PUBLIC DRINKING WATER MAY FIGHT TOOTH DECAY

Most astounding of recent research work on dental disease has been the study of the relation of the fluoride contents of public water supplies. Started in 1931 for U. S. Public Health Service by Dr. H. Trendley Dean.

It does not seem far fetched to belive that the day may come when dental decay may be drastically reduced, by addition of small amounts of fluorides to our public drinking water. According to authorities, 8 to 10 years may have to elapse before any concrete results of this fluoride water treatment are available. A promising fluorine prophylaxis, which is already given evidence of benefits, is the topical application fluoride solution to tooth surafces. This was approved in a recent editorial in the Juornal of the American Dental Association.

The ingestion of bone meal is recognized as the poorest method of getting fluorine. A great variety of fluoride tablets are being offered to the profession and the public, as highly important for caries prevention. Any benefits from these tablets has not been clearly demonstrated. If used at all, they should be prescribed only by dentists and physicians.

DENTAL EDUCATION

The two fine dental schools that furnish most of our North Carolina dentists are having to turn away outstanding young men in great numbers, who would like to study dentistry, and this, I am told, is true of all the schools. In the entire history of dental education and practice in this country there has never been keener interest displayed than we witness today.

1. By qualified students seeking admission to our dental schools.
2. By dentists seeking to improve themselves in service through the pursuit of graduate, postgraduate and refresher courses offered in our dental schools, and by attendance upon clinics, conferences and round tables conducted by dental societies and other agencies.
3. By the public in its desire for competent dental service and in its awakened appreciation of the importance of oral health.

This upward curve in the public appraisal of dentistry as an educational discipline and as a means of building a useful and satisfying career should never again be allowed to fall below its present level. We must continue to search out by every means at our command the young men and women in all sections of our country whose qualities of mind and hand and personality give promise of success in the dental profession and to encourage them to enter it. We must continue to strengthen our undergraduate program of dental education and we must not fail to meet the needs of the graduates who desire opportunity for advanced study. Perhaps, above all, we must challange society, which at length has come to understand the

meaning of dentistry as a measure of personal comfort and public health, to give dental education and research the material support they deserve.

During the past year we have heard a lot about North Carolinas Good Health Association. This group placed practically no emphasis on the dental health of our people. In spite of the fact, that, they quoted a survey showing over 80% of school children with dental decay. Our member on the medical care commission, Dr. Fred Hale, acquitted himself well and did as much as anyone could have. They even had him listed in their literature as an M.D. The legislature passed the appropriation to establish a medical school at Chapel Hill. I maintain that, one of the greatest needs to improve the health of our people is the establishment of a dental school in North Carolina. I want our members to register that as their sentiments when our advisory committee to the North Carolina Medical Care Commission makes their report during this meeting.

I welcome this opportunity to commend to the profession the work of the Division of Oral Hygiene of the State Board of Health and to recognize it as one of the most signifcant forces in the field of dental health in our state. The fact that the citizens of our state are mouth health conscious may, I believe, be attributed largely to the efforts of this division. Despite the handicap of a staff greatly reduced in numbers, the director, with characteristic steadfastness of purpose and perservence, has kept ever in mind and before the public, the main objective of public health dentistry, the precention of dental defects and of diseases of dental origin through education and through the early detection and correction of dental defects. However, the need for a larger staff is a pressing one and one which concerns all of us. I suggest that we go on record this year, as in the past years, as approving and endorsing the program. I make a further recommendation that we take an active part in helping to recruit the staff so that our Hygiene Division may maintain its pre-eminence in this sphere.

There is widespread interest and approval for our own Dr. Clyde Minges to become President-elect of the American Dental Association at its coming meeting in Boston. Our society, during this meeting, will adopt, I am sure, a resolution, giving him our wholehearted support.

Two matters have come up recently that will have to be handled by my successor.

First: Arrangement with our governor to appoint a dentist on the State Survey Commission for Hospitals. The Seventy-Ninth Congress passed the Hospital Survey and Construction Act, allocating funds to the various states.

Second: Due to the fact that there has never been a time when close co-operation between dental and medical groups is so urgent, I recommend that the incoming president appoint a committee from this society to co-operate with a committee that the president of the State Medical Society has assured me will be appointed at their coming state meeting.

I would recommend that the District Societies adopt a uniform plan of naming delegates to the State Society. A suggestion would be the Presi-

dent, President-elect and three delegates elected from the membership. I would recommend that the two districts who have not done so, increase their dues from $2.00 to $3.00. This would make every member in the state paying the same and also help their financial set-up. Both these recommendations would help our state secretary with his records. To conform with the A.D.A. effective January 1, 1948, increase of $1.00 in our dues will be necessary. This dollar goes to the Relief Fund and 50 cents of it will be returned to our State Relief Fund. It actually does not represent an increase to those members who have annually paid as much as $1.00 to the Relief Fund.

With the expected increasing violations of the dental law, which the Board of Dental Examiners are expected to enforce, and the increased expenses, in carrying on the work of the board, there have not been sufficient funds from the present revenue to defray the necessary expenses of the board. On July 1, 1946 there were outstanding obligations in the sum of about $730.00, with a bank balance of $169.62. Should there be a case where legal counsel is needed for the protection of the profession and the public, there would not be enough funds for this protection. This is not a financial responsibility of the North Carolina Dental Society, but of every licensed dentist in North Carolina. In view of these facts, in order that the State Board of Dental Examiners can operate more effectively and efficiently, without embarrassment to the board and to the profession, I recommend that this society authorize the Legislative Committee, to change Section 12, Article B, of the Dental Law, to read: "Each certificate of Renewal License a Fee of $4.00 instead of the present $2.00," and have this enacted into the dental law of North Carolina. While this increase in fee is double the present fee, there are many states that have renewal fees much higher than this. It is certainly worth $4.00 annually to have the profession protected. Of all the taxes we pay, only $2.00 goes directly for the protection of the profession from which we make our living.

My final recommendation is that we retain our table clinic and Exhibit Committeeas presently constituted but that we go back to the old method of the Secretary-Treasurer serving as Chairman of the Program Committee. This will avoid a lot of duplication of effort.

In closing, I want to thank all the various committees and everyone who made the success of the year and this meeting possible. I would like to commend the fine efforts of our Editor-Publisher, Dr. Franklin Bumgardner, and our splendid and loyal Secretary-Treasurer, Dr. C. W. Sanders. My sincere gratitude and appreciation to my predecessors, who made possible a grand society with which to work. To my successors, good luck and continued progress in the program for advancement of dentistry in North Carolina.

VICE-PRESIDENT SMITH: We thank you, Dr. Medlin, for this very timely message.

I wish to appoint the following committee to report on the President's Address: Dr. A. C. Current, Chairman; Dr. G. Fred Hale, and Dr. Darden J. Eure.

I now return the chair to Dr. Medlin.

PRESIDENT MEDLIN: Next on the program is the report of our Necrology Committee by Dr. J. S. Betts of Greensboro, Chairman.

REPORT OF NECROLOGY COMMITTEE

DR. BETTS: Many of us, I believe, are of the opinion that it is highly appropriate, perfectly proper, and exceedingly fitting that we pause for a short moment at the very beginning of our crowded program to pay loving tribute to the memory of those of our number who, since our last meeting, have passed into the Great Beyond—have crossed into the Great Devide—and gone into that far Country from which no traveler ever returns.

Of the seven who have ceased to live since our last meeting, five had not passed on life's highway the stone that marks the highest point, but being weary for a moment, they lay down and each using his burden for a pillow fell into that sleep which knows no waking.

And every life, no matter if its hour is rich with love and every moment jeweled with joy, while yet in love with life and enraptured with the world, he must lay down by the wayside and fall into that dreamless sleep that kisses down the eyelids forever.

Someone has said, "Life is a narrow vale between the cold and barren peaks of two eternities". However true that may be, we strive in vain to look beyond the heights. We cry aloud and the only answer is the echo of our wailing cry. From the voiceless lips of the unreplying dead, there comes no word; but in the night of death, hope sees a star, and listening love can hear the rustle of a wing. And let us indulge the certain hope that, that soul entered into The Life of the Ages, which is eternal.

Dr. Harvey C. Henderson, December 19, 1946
Dr. I. H. Davis, August 16, 1946
Dr. John W. Zimmerman, June 1, 1946
Dr. J. H. Judd, August 1946
Dr. D. A. Walters, December 28, 1946
Dr. R. A. Frye, May 18, 1846
Dr. J. N. Johnson, December 2, 1946

DR. HARVEY C. HENDERSON
1864-1946

It is with deep sorrow that I advise you of the passing of Dr. H. C. Henderson, Dean of Charlotte Dentists. Dr. Henderson was born June 24, 1864 and passed away December 19, 1946.

Dr. Henderson's genial personality and his regular attendance at the dental meetings gave him a wide acquaintance, and to his many friends thus made, his untimely passing came as a sudden, severe shock.

He was instrumental in forming the first Dental Society in Charlotte and was president of this organization for a number of years. It has had

continuous existence and is now a flourishing institution. He was also a past president of the North Carolina Dental Society.

Now, it isn't my intention today to wear a sad mien, to indulge in somber statistics, or somber vergiage, because I know that Dr. Henderson would not want that. It wasn't a part of him. He hated sham and he hated pretense and I know that if he were to say to today how he would like to have his Memorial commemorated, it would not be with sadness and not with mourning. He lived his life just the way he would have lived it, and I have often thought if all of us were to choose the way that we would like to go it would be not with a halting step, and not with a broken demeanor, but just like he went with the parabola of life in its ascendancy, and with life at its fullest.

Those of you who are new in dentistry have been denied, and will also will be denied one of the greatest privileges that dentistry can ever afford, and that is the opportunity of having known Dr. Henderson personally, and of rubbing close to him and of understanding one of the greatest men in the dental profession who has ever been developed in North Carolina. He was a man who lived with zest, loved with zest and I am confident he died with zest.

There are mighty few men, that any of us know in the past era, who showed such a wide variety of interests, leadership and activity in all the various enterprises of which he was engaged. I believe that Dr. Henderson would have been the Grand Impresaric of Dentistry this year if he had continued to live.

In the passing of Dr. Henderson, the dental profession of North Carolina loses a faithful, loyal member and one of its most ardent supporters.

"He is not dead, this friend; not dead,
But on some road, by mortals tread,
Got some few trifling steps ahead,
and nearer to the end;
So that you too, once past the bend,
Shall meet again, as fact to face, this friend
you fancy dead.

Push gaily on, brave heart; the while
You travel forward, mile by mile,
He loiters with a backward smile,
Till you can overtake;
And strains his eyes to search his wake,
Or, whistle as he sees you through the brake,
Waits by a stile."

—Robert Louis Stevenson.—O. B. Kirby

DR. ISSAC HILLIARD DAVIS
1865-1946

Dr. Isaac Hilliard Davis, son of Isaac Hilliard Davis and Ann A. Dowsy Davis. He was born April 1, 1865 at Abrams Plains ancestral estate in Northern Granville County, which was owned and operated by his ancestors for seven generations, and owned by him at the time of his death.

He was educated at Fishbourne Military Academy in Virginia and graduated from Baltimore College of Dental Surgery in 1895. He began practice of his profession in Oxford.

In 1903 he married Miss Rosa B. Spratly of Richmond, Virginia. They had one daughter, Margaret, born in 1904.

He was a life member and past president of the North Carolina Dental Society, and a member of the American Dental Association. He died on August 16, 1946, and is now resting with his illustrious dead at Abrams Plains.

He left to the North Carolina Library, six bound volume of the Transactions of the North Carolina Dental Society from 1875 to 1944. Only one other like set is in existence.

At the death of his parents he acquired title to the large estate at Abrams Plains, and operated it until his death.

Dr. Davis was modest, retiring and devoid of egotism. He was a man of refinement and culture by birth and environment. He was not a member of any church, but he exercised and practiced the Christian graces practiced by the strictest conformist and gave liberally to worthy causes. One such example was a gold medal for the most outstanding pupil in the city schools. A quotation from Disrali's philosophy was his all the time, "Life is too short to be little.."

He was greatly loved and respected by his professional associates, the entire citizenry of his city and county.—D. T. Smithwick.

DR. JOHN W. ZIMMERMAN
1880-1946

"Blessed are the dead, that die in the Lord from henceforth; Yea, saith the Spirit, that they may rest from their labours; and their works do follow them."

Dr. John W. Zimmerman was born August 8, 1880, in Davidson County, the son of the late Alexander and Jane Sink Zimmerman. He was educated in the public schools, graduating from Arcadia High School. He attended the Southern Dental College, Atlanta, Ga., graduating in the year of 1911. He was a member of the Psi Omega Fraternity.

We was an active member and past-president of the Rowan County Dental Society, an active member of the North Carolina Dental Society

and last year was vice-president of the Second District North Carolina Dental Society. He also had served as president of the Piedmont Dental Society.

He was a member of the First Methodist Church, an usher, a collector and served on the official board for many years. He was also chairman of the Music Committee several years, and at one time President of the Smoot Baraca Class. He was a member of the Kiwanis Club, a Director of the Home Building and Loan Association. He served as a Dental Examiner for the Veteran's Administration since 1925.

Dr. Zimmerman was married to Olive Mae Ripple of Welcome, on October 21, 1914, who survives. He is also survived by a son, John W. Zimmerman, Jr., D.D.S., who was associated with his Father, and who recently returned from service in the Pacific. A daughter, Patty Jane Zimmerman, a student at Catawba College, Salisbury. Other survivors are: a sister, Mrs. Frank Mock of Reeds; four brothers, Dr. U. R. Zimmerman of Welcome, Earl Zimmerman of Macon, Ga., Charles Zimmerman, Clemmons, S. C., and A. M. Zimmerman of Welcome.

Dr. Zimmerman passed away June 1, 1946, at the Rowan Memorial Hospital, Salisbury. He had practiced his profession in Salisbury for thirty-two years.

"Only the Master shall praise us,
and only the Master shall blame;
And none shall work for money,
And none shall work for fame;
But each for the joy of working,
And each in his separate star
Star paint the thing as he sees
For the God of the things they are."—Frank W. Kirk.

DR. JOHN HERBERT JUDD
1873-1946

Dr. John Herbert Judd was born March 4, 1873 in Wake County, the son of John Thomas Judd and Louisa Gross Judd. He was educated in the public schools of Wake, the University of North Carolina and the University of Maryland, receiving the degree of Doctor of Dental Surgery from the latter institution in 1898.

Dr. Judd began the practice of dentistry in Carthage, but moved to Fayetteville in 1900 where he continued in practice until August 1946. In point of service, he was the oldest practicing dentist in Fayetteville, and yet his fellow practitioners marveled at his abilty up to the very last to stand by his chair and do a full day's work, even through the hectic war years.

Dr. Judd was a most capable dentist, scrupulously ethical, genial, kind, and deeply religious. Few are held in such high esteem and affection by their fellowman, as was he. Intensely interested in educational and civic

affairs, he was often found to be serving in some official capacity. The work closest to his heart, however, was that of the Methodist Church, where he left many monuments of service to his memory.

He was a Life member of the North Carolina Dental Society, and was its President 1920-21. He also served as president of the old Cape Fear Dental Society in 1918.

Dr. Judd was first married to Miss Essie Rollins of Wake County. She died in Fayetteville in 1905. To this union were born two children: Mary Gladys Judd, now Mrs. O. T. Mattox residing in Bloomington, Ill.; and John Herbert Judd, Jr., now living in La Fayette, Indiana.

His second marriage was to Miss Cathrine Lamb of Fayetteville. To this marriage one child was born: Thomas Murphy Judd of Fayetteville.

Surviving Dr. Judd besides his widow and three children are: one grandson, Robert Judd Mattox of Bloomington, Ill.; one sister, Mrs. B. W. Burt, of Holly Springs, one brother, Dr. Zeb V. Judd, Dean of the School of Education, Alabama Polytechnic Institute, Auburn, Ala., and several neices and nephews.

After an illness of three months in a Fayetteville Hospital, Dr. Judd entered peacefully on November 18, 1946 into the life beyond. This was removed from our midst a fine Christian Gentleman and a loyal member of the profession.—D. L. Pridgen.

DR. D. A. WALTERS
-1946

On December 28, 1946 Dr. D. A. Walters slipped into the Great Beyond.

Tony, as he was affectionatly called, was born in Rockingham County. When he was a young lad his parents moved to Madison. In 1911 he was graduated from the University of Maryland with the D.D.S degree. He married Miss Eda Cunningham, who with three daughters survive.

Soon after his graduation he moved to Greensboro where he practiced dentistry until his health failed.

Dr. Walters rendered a high type of service and was regarded by the people of his community and members of his profession as one of the leading dentists and most highly esteemed citizens.

Should we seek to touch upon his many lovable traits we would lay our hand upon his heart. There we would find devotion to his family, love for his fellowman, modesty, unselfishness, and courage. All these were manifested throughout his long days of suffering.

Truly, Tony was an honored member of that "House by the Side of the Road" where he was a friend to man.—Robert W. Crews.

DR. RICHARD ALEXANDER FRYE
1879-1946

Dr. Richard Alexander Frye, who passed away at his home in Pilot Mountain, May 18, 1946, at the age of 67, was born in 1879; was educated at Cool Springs High School and Peabody College at Nashville, Tennessee, was graduated from Southern Dental College, (now Dental Department, Emory University,) Atlanta, Georgia in 1910. After graduation he went immediately into the practice of his profession. He was a member of the Second District Dental Society of North Carolina, having joined in 1910. He was also a member of the American Dental Association. He joined the North Carolina Dental Society at its session held at Wrightsville in 1910, and was active in that connection until his death.

Dr. Frye was more than just the average dentist, for he did everything possible to make himself one of the very best. He was not content to just hang out his shingle and sit down waiting for patients. He kept himself abreast of the latest in his profession. He was very zealous in attending clinics and special study courses in post graduate work in order that he might be prepared to give the best service possible. He always kept abreast with the progress of dentistry. He was very modest and retiring, never seeking the limelight, never seeking publicity. He was content to allow his fine type of work in his dental office to be his means of advertising.

He practiced dentistry in Pilot Mountain for thirty-six years and was regarded as one of the very best in his section of the State.

He married in 1912 to Miss Bonnie Harrell and to that union was born one child, a daughter, who is now Mrs. O. W. Kotchtitzky, Jr., of Knoxville, Tennessee.

Dr. Frye was one of the most wholesome Christians one could ask to come in contact with. He was one who belived in living his religion in his every day life. He made it a very vital part of his life. He loved it as he loved life itself. Over a long period of years he was the able and attractive teacher of the Men's Bible Class of the Pilot Mountain Methodist Church, of which he served as stewart, church lay leader, Sunday School Superintendent and choir leader. He belived in his church and in giving to it his best years of usefulness in any capacity he was called upon to labor. Surely his was a labor of love for his Church and his Lord.—J. C. Watkins.

DR. JOHN NORBORN JOHNSON
1873-1946

It is with sadness that we pause here to note the passing of John Johnson on December 2, 1946, at 4:45 p.m., in Goldsboro, North Carolina, following several months of declining health.

He was born February 23, 1873 in Louisa County Virginia of which as a true Virginian, he never ceased to be proud. Son of the late Seymour Anderson Johnson and Annie Liza Clark Johnson. He received his early education at Oakland Academy, Louisa County Virginia Wilson Industrial School and Warsaw Academy.

John Johnson had practiced since 1899 when he received his degree from the University of Maryland, and had conferred an honorary degree to fellowship in the American College of Dentists.

From the day in 1899 when he graduated until his very end, he was a leader, a crusader, a man with a vision, willing and eager to fight better ways for the common good. Never did his many fights for progress and improvement in his profession and in public health personal matters to him. Never did he want to win a point to prove egotistically that he was a man of power and influence; never did his way of life drop to mere gratification of vanity and a seizing of ways to stroke and carress his ego.

The remarkable strides in standards for Dentistry in the last 45 years in North Carolina were in no small part the reflections of his own conception of the great place the profession should and occupy in serving the general good. His fellow dentists recognized in him a rare genius and they were pleased to honor him with Presidency of the Association, and with membership for nine years on the State Board of Dental Examiners. The heart condition which had handicapped him for many years was not sufficient to stop his zeal and eagerness for progress. He refused to allow illness to remove him entirely from the scene.

In the field of Public Health, the State has not had a greater or more long continuing leader not personally and professionally engaged in public health. In the early days he lifted his voice for what we now call Oral Hygiene work. In 1931 he became a member of the State Board of Health and served faithfully and conscientionsly for more than fifteen years. Although he had a serious disease of the heart which made him realize fully the nearness of death, he attended many meetings devoted to problems not directly related to his profession, but which his high and broad sense of duty made him feel that he should attend. The members of the State Board of Health appreciated his services so highly that they presented John Johnson with a Scroll in recognition of his faithful service.

John Johnson was married first to Lily Belle Nebury of Magnolia. A second marriage was to Ruth E. Knowlton of New Haven Conn., who survives with the following children, Mrs. Sam Britt of Goldsboro, North Carolina, Mrs. Redmond P. Dortch of Manopla, Cuba, Mrs. Allen N. McMillian of Fayetteville, Mrs. James E. Duffy of Guatemala City, Guatemala, an only son, Lt. Commander Seymour Anderson was killed on duty, as a test pilot on March 6, 1941, Seymour Johnson Field was named in his honor.

To his death John Johnson remained a diamond in the rough, a square shooter, a practical idealist, rugged but tender in heart, honest minded, despising petty doings, courageous, a friend in foul weather as well as fair weather. His friendship has more value to his friends than their material possessions. Truly a great one of our organization has moved on and all who knew John Johnson will have enduring affection for him.—Paul E. Jones.

PASSING OF A GREAT CITIZEN—*Editorial*—December 4, 1946

There slipped from life's stage Monday afternoon in Goldsboro Dr. John N. Johnson, who at an age of 73 was a revered citizen of his city and section. But that was only a phase of his life, for he was a forward-thinking North Carolinian, whose constructive thinking has left its mark for all time to come.

Until a few months of his death, he was the oldest member in point of service on the State Board of Health; his was the responsibility for the inauguration of dental research among the students of our schools, and there are millions of our citizens who have benefitted in health because of his forward thinking. Dr. Johnson pioneered in dentistry and wrested it from the strong-armed, part-time individual, who, with a few forceps, a light table and a few fruit jars of extracted teeth removed offending members, usually on Saturday at some street corner, or suitable sidewalk space, or alcove just off a busy business thoroughfare. But that pioneering went far in the land and it is no wonder that the American Dental Society memoralized the passing of one the great of their number this week.

As tender and as kind as a woman of the finest feelings, with those who might be in distress, or suffering. As indulgent as any man to those who might need his help or his counsels, yet posessed of the courage of a lion, in matters and for precepts which he thought were right, Dr. Johnson labored well into the night three score years, and ours is a better section, state and nation because he passed this way.

GOLDSBORO NEWS-ARGUS—December 4, 1946

Death of Dr. J. N. Johnson has removed a great and colorful figure from the North Carolina scene.

From the day in 1899 when he was graduated as dental surgeon from the University of Maryland until his very end, he was a leader, a crusader, a man with a vision willing and eager to fight for better ways for the common good. Never did his many fights for progress and improvement in his profession and in public health become personal matters to him. Never did he want to win a point to prove egotistically that he was a man of power and influence; never did his way of life drop to mere gratification of vanity and a seizing of ways to stroke and carress his own ego.

The remarkable strides in standards for his profession in the last 45 years in North Carolina were in no small part the reflection of his own conception of the great place the profession should and could occupy in serving the general good. His fellow dentists recognized in him a rare genius and they were pleased to honor him with the presidency of their association and with membership for nine years on the State Board of Dental Examiners. The heart condition which had handicapped him for many years was not sufficinet to stop his zeal and eagerness for progress. He refused to allow illness to remove him entirely from the scene. The great regard his professional associates had in him was exemplified at the unusually large number of dentists attending his funeral.

In the field of public health, the state has not had a greater or more long-continuing leader not personally and professionally engaged in public health. As long-time member of the State Board of Health, he in all the years missed only one session of the board. When finally it came that he could no longer attend regularly, he forthwith resigned. That is the sort of man he was. He refused to remain longer on the board when he could not work for its program personally.

North Carolina's program for venereal disease control and for oral hygiene as taught through the public schools got much help from this Goldsboro man. As these programs were started there was the usual cry of encroachment on individual enterprise and inititative and the charge of a threat to the professions. That served only to make of Dr. Johnson a more devoted crusader for the causes.

Col. John D. Langston and intimate of Dr. Johnson, has contirbuted the following:

Looking through my scrap book today I found some observations I had written about Dr. J. N. Johnson, October 24, 1934:

It has always been interesting to me to study men who sit under the shadow of death and who are not afraid to die. One such man I have watched for years—John Johnson. He knows that death stalks by his side, ready and waiting for the chance to strike him down, yet unafraid he has gone about his work, relieving suffering, stimulating other people with his philosophy of service, and smiling as if a long vista of life were opened up before him. And indeed it has. It he should not live a year longer he will have in that short time lived out an age of man sized service. I doubt if there is any man in this section of the state (or any other) who practices as fully the spirit of charity and sacrifice. Money means nothing to him.

Indeed, I think that he would far prefer to practice his profession, and witness the results of his efforts to relieve and never collect a fee. He is my ideal of the true professional man. Pride in the splendid work in dental surgery, pride in the program of his profession in its effort to promote health, pride in the building of a strong intellecutal boy or girl out an anemic wreck, pride in the giving of his own life without full compensation other than the knowledge that the world is made better by his contribution of it, pride in the love and fellowship of those of his friends who appreciate unselfish service. But no vaunted pride of self. These are the attributes of the real professional man who lifts his profession about the level of petty foggers and money grabbers.

Sometimes I wonder what kind of Heaven John Johnson would be satisfied to eternally abide in. Here my theology gets somewhat confused. There are bound to be men like John Johnson there. Heaven wouldn't be altogether satisfied in the Heaven of peace and serenity and music and Hosannahs pictured in our boyhood theology.

To be happy eternally John Johnson would have to be always doing something to relieve somebody. And yet the thought of suffering in Heaven does not fit in with the teachings. I am satisfied it will all be worked out.

Eternal justice will find some place where this great spirit who gets his greatest happiness in ministration to the need of the sufferers here many continue to give and give and give without which eternity would be to him a futile and unhappy experience.

To his death John Johnson remained a diamond in the rough, a square shooter, a practical idealist, rugged but tender in heart, honest minded deprising petty doings, courageous, a friend in foul weather as well as in fair weather. His friendship had more value to his friends than their material possessions.

The Ad Interim Committee of the Board of Trustees of the American Dental Association, meeting in Washington December 4, memorialized Dr. Johnson by passing a resolution copy of which can be secured from the Secretary of the American Dental Association, 222 East Superior Street, Chicago 11, Illinois.—C. E. Minges.

PRESIDENT MEDLIN: Thank you, Dr. Betts.

Next on our program is the introduction of visitors, by Dr. Paul Jones, Farmville.

DR. JONES: Mr. President, fellow members of the North Carolina Dental Society, ladies, and guests, we are very happy to have so many guests with us today, and the President has asked me to greet you as quickly as possible. As I call your name rise and be recognized.

First, I would like to present a distinguished guest, the first man ever to attain the rank of General in the Dental Corps of the Army, Leigh Fairbanks.

In introducing our guests we have others here whom I would certainly like to recognize in no small way; our returned service men. May I ask all of our returned service men of both World War I and World War II, to rise?

We are certainly happy to have you back with us again. We missed you a lot while you were gone.

Among other guests I would like to recognize from Virginia, Drs. Louis S. Hoover, Guy Harrison, Harry Bear, Harry Lyon, A. M. Wash, W. D. Lanier, G. A. C. Jenning, J. R. Fleet and R. F. Freeman all of Richmond. Drs. J. P. Broaddus and D. W. Jones of Franklin, Dr. F. B. McGovern of Danville, Dr. Milton A. Clark of Norfolk; and Drs. James E. John and W. T. McAfee of Roanoke. From South Carolina, Dr. E. G. Bumgardner, Columbia; Drs. Howard B. Higgins and P. B. Hair of Spartanburg; Dr. G. C. Nichols of Chester. From Georgia we have with us, Drs. E. L. Banks, Irwin T. Hyatt and Ralph R. Byrnes of Atlanta and Dr. Charles F. Elder, Jr. Major Henry Tvrdy of Dayton, Ohio and Dr. W. H. Luers, Grand Island, Nebraska.

I would like to present to you at this time the President of the American Dental Association, Dr. Sterling V. Mead, of Washington, D. C.

Thank you Mr. President.

PRESIDENT MEDLIN: Thank you, Dr. Jones.

We shall be favored in the introduction of our next speaker by Dr. Wilbert Jackson, of Clinton, who is a member of our State Board of Dental Examiners.

DR. JACKSON: Mr. President and gentlemen, it is my privilege and pleasure at this time to present to you the Secretary of the Council on Dental Education of the American Dental Association, who will address us on the subject "Evolution of Dental Education and Licensure in the United States"—Dr. Harlan H. Horner, of Chicago. Dr. Horner.

DR. HORNER:

THE EVOLUTION OF DENTAL EDUCATION AND LICENSURE IN THE UNITED STATES*

American dentistry was transplanted from France and England. In 1749 a surgeon by the name of Sieur Roquet came over from Paris to settle in Boston bringing with him fifty assistant surgeons prepared to perform "Chirurgical Operations at the lowest Prices." For 5s. he would carry off and bleed a "dead Corpse", reserving the corpse for anatomical lectures. If the corpse were returned to the relations, the charge was 2s. 6d. He was prepared to amputate legs, arms, hands and feet at other fixed prices. He could replace a bruised eye with a "right Paris brilliant black, blue, or squinting one". He could repair the bridge of a broken nose with a "right French enamell'd case of any Complexion" and could beautifully innoculate the new nose "with an artificial Small-Pox".

His advertisement in the Boston Independent Advertiser for July 3, 1749 continued in this wise:

> N.B. The said Dieur Roquet sells, Wholesale or Retail, all Sorts of legs, arms, eyes, noses or teeth, made in the genteelest Manner, and as now worn by Persons of Rank in France. He repairs and beautifies, in a surprising Manner, any old, decayed, or lost Parts of human Bodies; fills up the Wrinkles and Furrows of old Age, as well as the Marks of the Small-Pox, with a new invented Paste; and sells artificial Breasts for Ladies, either Germans Plumps, French Tetonettes, or English Primikins, equal, if not superior for Complexion, Softness, and Elasticity, to natural Ones. . . .
>
> He also cures effectively the stinking Breaths, by drawing out and eradicating all decayed Teeth and stumps, and burning the Gums to the Jaw Bone, without the least Pain or Confinement; and putting in their stead, and intire Sett of right African Ivory Teeth, set in Rose-coloured Enamel, so Nicely fitted to the Jaw that People of the first Fashion may eat, drink, swear, talk Scandal, quarrel, and show their Teeth, without the least Indecency, Inconvenience, or Hesitation whatever. He deals only for ready Money with the Quality and Members of

*Read before the North Carolina Dental Society at Pinehurst, North Carolina May 5, 1947, by Harlan H. Horner, Secretary of the Council on Dental Education of the American Dental Association. Chicago, Ill.

Parliament, but will give reasonable Credit to Citizens, Tradesmen, and Gentlemen of the Inns of Count.

This advertisement is a fair sample of the approach a leading practitioner of dental surgery made to his public in Boston one hundred and ninety-eight years ago. I invite your attention to a brief account of the slow evolutionary processes which have brought us to the standards of the education, public recognition, and ethical performance of the dentist as we know him today. In March 1940 the entire dental profession in the United States participated in a great contennial celebration at Baltimore. This celebration was in honor of the first hundred years of formal dental education in America, the first hundred years of professional societies, and the the first hundred years of the publication of dental journals. Thus the triad—education, organization and literature—constituted the key note of the celebration. A volume of 1061 pages records the addresses, scientific papers, exhibitions, and clinics which marked this great event in dental history. Nowhere in the United States today can an ambitious youth gain admission to the dental profession without at least two years of successful work in a liberal-arts college, without graduation from a four-year course in dentistry leading to a dental degree, and without passing an examination in theory and practice before a public licensing body.

The celebration at Baltimore in 1940 traced the development of dentistry in the United States from a catch-as-catch-can trade to a learned profession. The nineteenth century witnessed the almost complete disappearance of the apprenticeship system of training in professional education. Time was when the boy who wished to become a physician got a job tending a doctor's horse and washing his buggy and bringing in the wood and sweeping out the office. Gradually he was instructed with the mixing of pills and given a treatise on physiology to peruse. After he had memorized the bones of the body and watched his employer treat cuts and bruises and set broken bones, he sometimes attended a course of lecture in the nearest large center given by a single physician or by a group of physicians. In due time, with meager knowledge and overwhelming confidence, he blossomed out as a doctor on his own account.

Time was when they boy who looked forward to dentistry went through much the same process. Sometimes he became the apprentice, or rather the factotum, of a barber-surgeon, scrubbed the floor, ran errands, and helped hold the patient in the chair in a difficult extraction. If he lacked instruments when he put out his own sign, particularly forceps, the local blacksmith was able to help him out. Time was when the boy who wanted to become a lawyer hung around the office of someone already calling himself a lawyer, delivering summonses, watched court proceedings, read a little Blackstone, learned to draw an affadivit, and perhaps a will, and presently hung out his shingle. That was about the experience of Abraham Lincoln, who was undecided at 24 whether he should be a lawyer or a blacksmith.

Time was when the boy who wanted to become a civil engineer carried a rod and chain for a superior, eventually solved the mysteries of a leveling instrument and went into business for himself. Time was when the boy who

looked forward to the ownership of a corner drugstore trimmed wallpaper and mixed linseed oil and white lead in the back room of the local establishment, got promoted to a place behind the counter dispensing Lydia Pinkham's Compound and Hostetter's Bitters and soon found himself putting up prescriptions and being called a druggist. And so like experience has characterized the development of nearly all professions. That day has gone. Formal schooling in one type of institution or another has gradully taken the place of the apprenticeship system.

The first dental school in the world was opened in Baltimore on Nov. 3, 1940 with four teachers and five students. The first announcement called attention to the

> "fact that many totally incompetent individuals from the humbler occupations of life, influenced either by mercenary or aspiring feelings, have, without any kind of preparation, assumed the title of Dentists, and engaged in the practice of Dental Surgery and thus the science has been unjustly disparaged, and the profession has sustained unmerited reproach. Charlatanism has been too often successful in imposing upon the credulity of society, who, in the absence of all testimonials of competency have unfortunately been unable to demand what the opportunity should be afforded them to require, viz.: a professional credential in the absence of all knowledge of persons, a necessary prima facie evidence of qualification. And thus imposture has been emboldened to occupy a position, arrogate pretensions, and engage in a practice, to the detriment of the community, and the injury of the deserving cultivation of this department of science."

The establishment of additional schools proceeded slowly at first. The first university dental school was opened at Hardvard University in 1867 and the first state university school at the University of Michigan in 1875. Twenty-nine schools were established between 1840 and 1884. The peak in the number of schools was reached at the turn of the nineteenth century when there were 57 schools in operation. The number today is 40. Proprietary schools multiplied, and some of them prospered commercially for a time. In the whole history there have perhaps been 125 different schools in operation. The proprietary schools held on tenaciously.

This ineluctable fact has emerged clearly in our experience in the twentieth centuary: there is no legitimate profit to be made in the commercial sense in the conduct of soundly concieved and efficiently administered higher and professional education. Fortunately for the professions and for the public, the profit-making enterprise has almost totally disappeared. At least, this is true in all institutions which now dare to claim and succeed in securing recognition and approval of national accrediting agencies which are organized for the purpose of putting the impress of legitimacy upon educational undertakings. There has been no proprietary dental school in the United States for the last twenty years and there is no chance of our ever having one again. First, such an enterprise can no longer be made to pay and, second, an enlightened dental profession would not tolerate it.

The Baltimore College of Dental Surgery at the beginning required two courses of lectures of four months duration for graduation. For the first 45 years of formal dental education there was no fixed predental requirement. In 1884 the National Association of Dental Faculties specified "a good English education" as a preliminary to the study of dentistry. This comfortably vauge language was later defined to mean that the applicant should pass a preliminary examination including a written history of his life, an English composition of at least two hundred words on a subject to be selected by the examiners, and examinations in English grammar, arithmetic, geography, modern history and government. Thus, after 45 years of formal dental education, the beginning student was expected to have an education, the beginning student was expected to have an education equivalent to that of a graduate of our modern grammar school. From 1885 to 1918, a period of 33 years, the predental requirement was advanced from time to time until high school graduation was reached. Further advances were made from 1918 to 1937, a period of 19 years, until all the schools came to the minimum predental requirement of two years liberal arts education beyond the high level. Evolutionary processes take their own time. Ninety-seven years after the establishment of the first dental school, the present minimum predental requirements was universally established.

The professional curriculum in dentistry went through a like process, moving in 97 years from two courses of four months each to four academic years as the basic for the dental degree. This slow but steady evolution of dental education may well be gratifying to the entire profession. Dentists are not obliged to make any apology for the present status of the educational system of their profession. In summary, let us take a look at it. Among the 8287 students now enrolled in our 40 dental schools, there is not a noe who has not had at least two years of higher education in a college of liberal arts. Less than half of the total number, or 3987, have been content with the minimum requirement. Two thousand and fifteen, or 24.4 per cent, on their own motion offered from three to four years of liberal arts training for admission, and 2285, or 27.6 per cent, offered a bachelor's or other degrees. This is a record of which the profession may be proud. Thirty-seven of the 40 dental schools in the United States are university institutions, and the remaining three are all maintained on the level of university discipline. No fly-by-night or cut-rate institution exists. While the level of accompishment varies in the 40 schools, they are all educationally respectable. education from the days of the apprenticeship to the modern university dental school has been the regulation of the practice of the profession.

A hundred years ago, anybody who felt the urge to do so and could get a pair of forceps could practice dentistry. That situation has changed completely. The practice of dentistry is now regulated by law throughout the United States. Alabama was the first state to enact a dental law, the act being approved December 31, 1841. Virginia followed in 1845 with a dental law which first placed dental interests in the hands of the profession. After an interval of approximately two decades, New York, Ohio, Georgia, New Jersey, and Pennsylvania followed the example of Alabama and Virginia, and soon all of the existing states had dental laws. Broadly speaking, the

typical dental law now contains these provisions:

Restriction of dental practice, as defined by law, to persons licensed by the state.

A board of dental examiners appointed by the governor or other duly designated agency of the state.

Provisions for state licensing examinations to qualify applicants for practice.

Requirements as to age, education, character, and citizenship for admission to examinations.

Annual registration of all licensed dentists in the state.

Prohibition against commercialism and advertising by licensed dentists.

Terms upon which a dental license may be suspended or revoked for violation of law.

Penalties by fine or imprisonment or both for violating the law.

Perhaps the most significant advance in dental practice in our time has been the almost complete transformation of dentistry from a trade to a profession. This advance has been made in part through the restraining influence of law and through the activities of the profession itelf. The Principles of Ethics of the American Dental Association, now faithfully observed by the majority of dentists, set the standard. The section on advertising means what it says to an enlightened profession:

> Sec. 2. *Advertising.* It is desirable for dentists to endeavor to merit a reputation for good judgment, professional skill and fidelity with fellow practitioners, and the public. This desirable end cannot be forced, for it is the result of time and of excellence of conduct and abilities. Advertising is inconsistent with acceptable professional behavior; and, if used, it not only reflects upon the quality of the individual who employs such measure, but also has the far more consequential effort of lowering the entire profession in public esteem.

Twenty-five years ago, I had the pleasure of participating in an effort to rid the State of New York of the blatant advertiser. At that time the great majority of the dentists in the state regarded their calling as a profession but there were enough offenders to give the entire profession a black eye. We began by asking the regents of the University of the State of New York, the corporate and constitutional agency responsible for education and licensing in the professions, to enact rules prohibiting advertising. A comparatively small group of advirtisers held on tenaciously. They carried the case to the Court of Appeals—the highest court in the state—and it was finally decided that the regents did not possess basic authority under the law to enact such rules. We then succeeded in having the rules as set up by the regents literally enacted into law. The offenders again carried the case to the Court of Appeals. This time the Court held that the Legislature had ample authority under the Constitution to enact such a

law. At last we had the advertiser on the run. The unethical dentist who lowered his profession by distributing handbills, by advertising superior ability and offering reduced rates, by glaring electric signs and window displays and by hawking his trade through the streets like a ragpicker, was ostracized by the profession, State after state has had like experience. The other day I examined the dental practic acts of our 48 states and the District of Columbia and found that all of them, with varying degrees of effectiveness, have statutory provisions against advertising. Thus an entire profession has declared its position before the public.

This universal conception of dentistry as a learned profession, fostered and insisted upon primarily from within the profession itself, is, in my view, the crowing accomplishment in the whole history of dentistry in America. I once heard Professor Palmer of Harvard University make this distinction between a trade and a profession. The tradesman, he said, is characterized by his outer income; the professional man by his inner outgo.

Mainly, let me repeat, the impulse for these advances in dental education and licensure has come from within the profession. Dental education has been taken over almost completely by the universities because dentists wanted to see it established and maintained on a high level. The practice of dentistry everywhere has been regulated by law because dentists have wanted to admit only qualified persons to the professions and have earnestly striven to rid it of quacks, advertisers, and charlatans. The American Dental Association throughout its history has taken a practical interest in provisions for education and in terms of practice.

The Council on Dental Education is the agency through which the Association carries out its policies and directions in these matters. An earlier agency, in which the American Dental Association participated, operated from 1909 to 1936. This agency was known as the Dental Educational Council of America. It did heroic work in its time in advancing standards, in classifying dental schools, and in eliminating the proprietary school organized primarily for the profit of its owners.

The present Council differs from its predecessor only in the fact that it is under the Constitution and By-laws of the American Dental Association, a standing committee of the Association, and is supported by the Association. I deem it proper that I should give the North Carolina Dental Society—a component of the American Dental Association—an account of the stewardship of the Council on Dental Education. The Council is composed of nine members representing three groups as follows:

(1) Three members of professional rank elected by the American Association of Dental Schools from the membership of that body who may not have any connection with a state examining board.

(2) Three members elected by the American Association of Dental Examiners from the membership of that body, who may not have any connection with a dental school. Your own Wilbert Jackson of Clinton is at present one of the three members representing the American Association of Dental Examiners and is now serving as Vice-Chairman of the Council.

(3) Three members nominated by the Board of Trustees and elected by the House of Delegates of the American Dental Association from the members of that body, who may not have any connection with either an examining board or a dental school.

Thus at all times the Council is directly composed of dental teachers, dental examiners, and dental practitioners, and, as would naturally be expected, the representatives of all these groups have usually had experience in dental practice. The Council was organized in 1938 and appointed a full-time secretary with headquarters at the central office of the American Dental Association in Chicago on July 1, 1940. The principal activity of the Council in the last nine years has been that of an accrediting agency in the field of dental education. The successive steps in this procedure were:

(a) The formulation and publication of requirements for the approval of a dental school.

(b) The prosecution of an inquiry on a factual basis in relation to the organization, physical plant, support, faculty, enrollment, and accomplishments in teaching and research in all of the dental schools in the United States.

(c) The visitation and appraisal of all of the schools in regular and full operation by special committees.

(d) The compilation of the results of the statistical inquiries and the personal visitations.

(e) The ranking and classification of the schools in their comparative order of merit.

(f) The establishment and announcement in June 1945 of a list of accredited dental schools.

When its survey of the dental schools began, the Council anticipated that it would establish one list of accredited schools and give no further notice to such schools as might not appear to qualify for accreditation. It was at once apparent, however, notwithstanding the wide gulf between the poorest schools, that all of the schools were bona fide educational institutions and were meeting significant needs in their own immediate environments. The Council therefore decided to accredit schools as approved and as provisionally approved. There were 39 schools in operation at the time of the survey. One schools which was undergoing a complete change in organization and purpose was not ready for inspection. Thirty-eight schools were surveyed. Of this number, when the first announcement was made, 24 were given approval, 11 provisional approval and 3 were not deemed qualified for either approval or provisional approval. Subsequently, these three schools qualified for provisional approval. One school which had been originally given approval, because of radical changes in organization contrary to the basic standards prescribed by the Council, was suspended and remains in that position. One new school has been inaugurated since the survey, making a total of 40 now in operation. As the situation stands today, 37 of the 40 schools are accredited, 23 with full approval and 14

with provisional approval, the approval of one stands suspended and two schools have not yet been surveyed, the Harvard School of Dental Medicine, which was in process of reorganization at the time of the survey, and the School of Dentistry of the University of Washington at Seattly which has since been established.

The question is often asked, especially by prospective students, "What is the difference between approved and provisionally approved schools?" The Council is qick to explain that provisional approval is in no sense a badge or dishonor and that the distinction between the two groups was made solely in the interest of a long range program directed at lifting the common level of all the schools. The approved schools are all established on an enduring basis: with few exceptions are adequately housed and equipped and have, in most instances, a staff of teachers in training and in numbers equal to the demands of the dental educational program. They are by no means perfect but such weaknesses and deficiencies as they have are mainly subject to correction within the existing organizations and within the present means of support.

The provisionally approved schools, all serving an urgent social need, have marked weaknesses or deficiencies in one or more phases of their work, which call for heroic measures to bring their teaching programs up to a permanently satisfactory level. The Council hopes that the majority, if not all, of the schools now given provisional approval will be able in a reasonably short time to qualify for full approval and is advising with them with reference to the steps which it feels they should take in order to receive such approval. Their cooperation to this end is highly gratifying and many improvements have already been made.

Perhaps the basic reason for the classification of the schools as approved and as provisionally approved is the yet widespread lack of adequate material support. Not all the schools among those fully approved have a satisfactory basis of support and all could use added funds effectively. Very few of the schools provisionally approved have adequate support. These schools are in the main forced to rely fundamentally upon receipts from tuition, fees, and clinics. These sources of income are not sufficient to sustain an enduringly sound program of dental education.

The over-all issue, therefore, before dental education in the United States is a more generous support by society of the entire program of the education of dentists. The schools approved and provisionally approved are happily all bona fide educational institutions, organized and conducted on a non-profit basis, mainly through well recognized universities. Society needs all of these schools and owes them support commensurate with their past accomplishments and with the service they are able to render in the future.

It is indeed not at all clear that we have enough schools strategically located throughout the country to meet the dental needs of our people. That issue turns somewhat upon the difference between the needs and the demands of the entire population for dntal care. The training of enough qualified dentists to meet the demands of the people is one thing; the train-

ing of enough to meet the needs of the entire population is quite another thing.

A glance at the map of the southeastern section of the United States may indicate a possible lack of adequate provision for dental education. East of the Mississippi, counting Louisiana, which is split by the river, south of Tennessee and Virginia we find seven states with more than 13% of the population of the United States. Two of the 40 dental schools in the United States are located in this area, at Atlanta and at New Orleans. Regularly about 40 per cent of the total number of students from these states engaged in dental study are enrolled in schools outside of this area. Whether or not additional schools are needs is, of course, for the region to decide.

At intervals I hear talk about the possibility of the establishment of a dental school in North Carolina. I have looked into the situation only casually. For the last seven years of record, an average of about 200 residents of North and South Carolina have been engaged in dental study of which about 40 per cent have gone outside the area described for their dental education. It seems very likely that the present pressure for places in our dental schools will continue indefinitely. A school in this immediate region would work no hardship upon any other school and would undoubtedly be filled promptly.

The business of the Council on Dental Education is to set standards, establish goals and approve accomplishments. Its efforts in these dictions in the accrediting procedures which I have described have been successful eyond its anticipation. Including the District of Columbia, there are 49 separate dental licensing boards in the United States. Forty-eight of these 49 boards, I am happy to inform you, have advised the Council on Dental Education that they will admit to their licensing examinations the graduates of schools approved and provisionally approved by it. Ultimately it is hoped that common understandings will be reached which will recognize the Council as the basic accrediting agency in dentistry throughout the land.

Once the task of accrediting dental schools was completed, the Council found itself confronted with auxiliary areas of dental education which command attention. The commercial dental laboratory and the dental technician present problems in the whole range of dental practice which greatly concern the entire profession and which are now under the scrutiny of the Prosthetics Dental Service Committee of the American Dental Association. How shall the laboratory be regulated and held to its proper function of serving dentists and be kept out of dental practice. How shall the technician be trained? Should he be licensed or certified? These are questions which press for answer.

Prior to the war the technician mainly resorted for his training to the apprenticeship system which still prevailed in the large commercial laboratories. These were a few commercial schools which offered special courses of training. Many veterans returned imbued with the desire to become dental technologists. The generous provisions of the G.I. Bill at once

prompted the hasty establishment of commercial courses in "mechanical dentistry". Few, if any, of these courses are in competent educational hands and their definite purpose is to profit at the expense of the government and of the veteran during the current demand for instruction in this field. Under the G.I. Bill, some of these enterprises have been approved by state departments of education and by the Veterans Administration.

With the hope of meeting this situation on a thoroughly sound basis, the Council adopted on April 27, 1946 "Requirements for the Approval of a Course of Training for Dental Technicians". This coruse, designed to be under the immediate direction and control of an accredited dental school, is based on high school graduation, or the equivalent, followed by two years of instruction in the dental school. One such course is in operation and it is hoped that others will be introduced next year. The Council hopes that this course will ultimately become the standard for the entire country and put the training of dental technicians on a sound basis. State and local dental societies may well be on guard against the establishment and approval by state departments of education of transient commercial schools of mechanical dentistry organized solely with a view to quick profit under the G.I. Bill.

The growing interest in the training and licensing of dental hygienists presents another problem. Until recently the Council has not found time to develop standards in this field. Thirty-five states and the District of Columbia provide by law for the licensing of dental hygienists. It appears likely that all states will license hygienists eventually. The educational requirements under law yet vary widely but the marked tendency of the courses already established is to maintain a two-year program beyond the high school level. On February 7, 1947 the Council adopted "Requirements for the Accrediting of a School for Dental Hygienists". Sixteen courses are now in operation, 13 dental schools and 3 in other institutions. The Council expects that new schools, subject to approval, will be conducted by dental schools.

The course is based on a college entrance high school curriculum followed by two years in a dental school. The college entrance curriculum is prescribed for admission in order to open the way for students in dental hygiene who desire to do so pursue further college studies and secure a degree. Combined courses for this purpose are already in operation in several of the schools.

Another phase of dental education and practice which the Council has had under sonsideration for several years has to do with the specialist in dentistry. What fields of practice warrant a specialty? How shall the specialist be trained? How shall his practice be limited? How shall he be recognized by the public? In searching for answers to these questions, the Council found considerable confusion and uncertainty throughout the country. Six states have enacted laws providing for the licensing of specialists. Sixteen states and the District of Columbia provide indirectly by law or rule that a dentist who limits his practice to a specialty may announce that fact to the public. They do not, however, fix any special educational requirement for such practice and do not issue a special license or certificate. The

remaining 26 states have no provision of law or rule on the practice of the specialist. In these states it is generally assumed that a dentist who desires to announce himself a specialist may do so.

Acting under a mandate of the House of Delegates of the American Dental Association, enacted at the Miami meeting in October 1946, the Council on February 7, 1947 adopted "Requirements for the Approval of Examining Boards in Dental Specialties". The full report of the committee and the requirements adopted were published in the April 15 issue of the Journal of the American Dental Association. Briefly, the requirements may be summarized as follows:

The specialties to be recognized at the present time are oral surgery, orthodontics, pedodontics,, periodontia, and prosthodontia.

An examining board must be incorporated and must be representative of a national organization of the specialty.

The applicant for a certificate as a specialist must present satisfactory evidence of moral and ethical standing in the dental profession, be a citizen of the United States, be a graduate of a dental school accredited by the Council, hold a license to practice dentistry, hold membership in the American Dental Association or the National Dental Association, pursue advanced studies of not less than two years after graduation from dental school, engage for at least three additional years in practice devoted primarily and prinicipally to the specialty, and finally pass an examination prescribed by the specialty examining board.

The question of the limitation of the practice of the specialist is left entirely to the discretion of the particular examining board. Under the prescribed requirements the American Board of Oral Surgery has been approved and an application from the American Board of Periodontology is pending. It is expected that applications for approval will be received shortly from boards in orthodontics, periodontia, and prosthodontia. The Council will recommend to the House of Delegates at the Coming Boston Meeting the adoption of a general policy favoring the certification of specialists by approving examining boards.

The advanced training of the specialist beyond the regular dental course will call for the expansion of graduate and postgraduate courses in dental schools and for wider use of the opportunities afforded for graduate instruction in hospitals. Anticipating this need of diversified areas for advanced training for specialists, the Council on February 26, 1944 adopted "Requirements for the Approval of Hospital Dental Internships and Residencies". In this undertaking, the Council is working in close cooperation with the Hospital Dental Service Committee of the American Dental Association and confines its approval of internships and residencies to hospitals whose dental departments have been approved by the Hospital Dental Service Committee.

Three other major activities, apart immediately directed by the Council. Annually as of October 15 the Council issues a Dental Students' Register which includes the number of students enrolled in each of the four classes

of the dental school, an analysis of the credentials offered for admission, the number of students enrolled in each school from each state, and the number graduated in the previous year. For historical purposes, this record becomes invaluable. In this connection, the Council also compiles for each calendar year a complete record of the licensing examinations given by all the examining boards.

Before the war, the Council inagurated a series of congresses on dental education and licensure with the purpose of coordinating teaching and examining. These two social agencies, dental schools and dental examining boards, have the broad common purpose of providing qualified practitioners of dentistry and of protecting the public from quackery and incompetence. Some schools in the past have minimized the significance and importance of the examining and licensing process carried on by the state examining board; some boards have given too little concern to the progress of dental education and to the widening borders of scientific knowledge in the dental field. The Council feels that schools and boards shauld be continually conscious of the interrelations of their functions and responsibilities. While the Council believes that teaching should not be predicated upon the prospect of licensing examinations, it nevertheless holds that a dental school should be fully informed as to the scope and content of such examinations and should see to it that its graduates are not confronted with impossible situations when they seek to enter practice. On the other hand, the Council feels that heavy responsibility rests upon examining boards to relate their examinations to modern trends and developments in dental education and to avoid the use of obsolete methods and procedures. The first Congress since the war was held in Chicago on February 8, 1947. The papers and discussions are printed in pamphlet form and distributed to schools, to boards and to libraries.

Since its establishment in 1938, the Council has been continually interested in providing ambitious youth with information concerning the opportunities and rewards of a career in dentistry. In the last seven years, three separate editions of a brochure on "Dentistry as a Professional Career" have been issued. This brochure is distributed without cost to individual applicants and has gone by the thousands to high school and college guidance officers, to parents interested in the education of their children and directly to prospective dental students. It is also furnished in quantity at cost to schools, societies, and clubs interested in the guidance movement.

The brochure makes no attempt to "sell" dentistry to young people but does undertake to furnish them with the information about dental education and practice upon which they can determine for themselves whether they see an attractive career in the profession. The foreword in the latest edition of the brochure may illustrate the Councils purpose in its issuance:

> "This interest of ambitious youth in the possibilities of a career in dentistry has been greatly increased by the lessons of the war. Thousands of members of the armed forces for the first time in their lives had adequate dental attention. They experienced the bodily comfort and the personal satisfaction which come from the restoration of a mouth to normal functioning. They were agreeably surprised at what the skill

and knowledge of a scientifically traned dentist could do for them. Moreover, the great majority of the youth who were in uniform find their way back to civilian life with added respect both for basic education and for specialized training in all fiends of human endeavor.

"With the sole purpose of helping parents, youth, guidance officers, and veterans of the war fairly to appraise the profession of dentistry and the opportunity it offers for a happy and fruitful career, the Council has prepared this informative bulletin. The Council is not engaged in the mere recruiting of students, nor in the multiplication of numbers in dental schools. It would take a definite stand against indiscriminate herding of young men and women into dental study. The choice of a calling and a way of life is a serious business.

"The Council does believe profoundly that enlightened society in the years ahead will greatly enlarge the dental service which the public now receives and that youth with good health, with proven scholastic ability, with a genuine bent toward scientific inquiry, and with a desire to serve humanity in a career which promises reasonable material rewards and great professional satisfaction, may well give careful thought to the study of dentistry. The Council hopes that this brochure may help many young men and women wisely to determine the choice of a career."

Present indications are that the dental schools for many years to come will have more applicants than they can accomodate. Immediately the question arises, what qualifications should the prospective dental student possess? In order to discover at least partial answer to this elusive question, the Council, in cooperation with the American Association of Dental Schools and with the cordial approval of the Board of Trustees and the House of Delegates of the American Dental Association, has inaugurated a mental and manual aptitude testing program. Last fall all of the 40 dental schools in the United States gave the tests proposed by the Council's joint committee to their freshmen students numbering about 3,000 and to a large number of upper class students. These tests cover various phases of mental ability as well as manual dexerity. The results are compiled and correlated by the Council and reported to the schools. Comparative studies will be made from time to time of the correlation of the results of the tests with the entrance credentials and with the dental school records of the individual students. The tests will not be proposed as a condition of admission until their validity has been clearly demonstrated.

This new movement, under the immediate direction of a trained expert in the field of testing, is in line with what is going on throughout the country on various levels of education and is perhaps the most promising undertaking in the whole history of dental education. No series of test, however scientifically prepared and carefully administered, can tell the whole story of who should be encoueraged to study dentistry. The tests will, it is believed, ultimately save many prospective students from disappointment and serve to lift the common level of mental and manual fitness of those who are admitted to dental study. There are intangibles which we regard

of importance which we do not yet know how to measure. The very questions the schools now ask, though adequate answers are not available, give a hopeful prospect for the future. We have reached a point where we are justified in asking these questions.

Does the applicant show fundamental scholastic ability? Does he give promise of the capacity to synchronize mind and hand to accomplish many of the nice tasks which confront the dentist? Does he give evidence of appreciation of the importance of attention to personal appearance and hygiene? Does he possess the true spirit of scientific inquiry? Does he have the qualities of character, as well as of mind and heart, which are essential to advancement in any profession? Does he have social instinct? Does he have agreeable personality? Does he show signs of being able to get on with all sorts of people? Does he have a discriminating sense of moral and ethical values such as characterize all truly professional men? Is he physically fitted to stand hour after hour and day after day at the dental chair without undue fatigue? Is he willing to work long and hard hours to make his way? Does he really wish to serve his fellowmen? Is he aware that the principal rewards of a professional career lie in satisfaction in work well done? And, finally, is he burning with the desire above all else to be a dentist?

All these considerations touching the evolution of dental education and dental practice raise questions for the future which concern both the profession and the entire society it serves. Why are we concerned about the character, personality, and fitness—both mental and manual—of prospective dental students? Why are we gratified at the disappearance of the proprietary dental school and at the universal absorption of dental education by outstanding universities? Why are we concerned about the training on a high level of technicians and hygienists as auxiliary agencies in dental practice? Why do we desire to see the dentist who calls himself a specialist recognized by his fellows as competently trained in his special field. Why have all of our states enacted laws regulating the practice of dentistry? Why has the calling through its own efforts and ideals emerged from a trade to a leraned profession? Why has the American Dental Association set up its Principles of Ethics and obliged all its members to observe the high standards of ethical practice announced to the world? Why does the American Dental Association support directly from its treasury all of the activities of the Council on Dental Education which I have outlined?

The answer to these questions is simple. The dental profession is committed to the policy that adequate dental care, according to modern scientific standards, should be the just inheritance of all our people of those who are able to pay for it and of those who are not. How to extend dental care, both preventive and restorative, to all our people presents one of the great social and economic questions of our time.

The responsibility for bridging the gap between what we are professionally able to do and what needs and ought to be done rests, first, upon society, and second, upon the profession. The American Dental Association is firmly opposed to federal compulsory health insurance and believes that the profession has ingenuity enough to accomplish this noble end without

destroying the relationship which exists between individual dentist and individual patient and has offered its own program of federal legislation to aid in the extension of dental care.

The Council on Dental Health, in announcing goals for the extension of dental care has voiced the policy of the Association in these words:

> "It cannot be emphasized too strongly that the suggested goals do not immediately solve the larger issue of continuing dental care for all the people who need it regardless of their ability to pay for it. This broader issue cannot be solved over night or by the more enactment of laws by states or central government. The whole economy of the nation is involved. The extension of the benefits of the art and science of dentistry in their full possibilities to all the people, by whatever social process, will require statesmanship, professional direction, and careful planning quite beyond any of the remedial measures yet proposed."

The great challenge of the future to all agencies of dentistry in common—schools, examining boards, practitioners and society—lies in the inescapable responsibility of carrying to humankind the fruits of the science and the art the profession already possesses. It is well known that the scientific discovery and the technical skill with which to serve humankind are always far in advance of professional practice. What we know in dentistry today, even in this enlightened land, adequately reaches relatively few of our people. In the mercy of God and in the light of true dental science, the meanest human sufferer is entitled to all the relief, comfort, and care the are and the science of dentistry can bring him. Service in a profession which has this high ambition has rewards quite beyond the ordinary durable satisfactions of American life.—Harlan H. Horner, D.D.S. Secretary of the Council on Dental Education of the American Dental Association. Chicago, Illinois.

PRESIDENT MEDLIN: Those of you who have been familiar for the last few years with the activities of the program committee know that they have been trying to get Dr. Horner to come to North Carolina. I am sure you will all agree with me that he was worth waiting for. I want to thank him for coming and thank those who have been instrumental in getting Dr. Horner to appear before us.

We will now have a recess of ten minutes.

PRESIDENT MEDLIN: I recognize at this time Dr. Clyde E. Minges, Trustee of the American Dental Association.

DR. MINGES: Mr. President, members of the North Carolina Dental Society, and distinguished guests, it is my privilege to present to you at this time one of the most dynamic figures in American dentistry today. I want to speak deliberately, because I mean just that. I have had the privilege of working with him and under him for a good many years. He has, I believe, a better conception of the legislative picture of American

1 The foundation of Professional Dentistry, J. Ben Robinson, p. 68.

dentistry than any other man in our profession. I know I can say without fear of successful contradiction that he has been the biggest factor and has done more than any other man in the profession to prevent the passage of legislation unfavorable to dentistry. Not only this, but he is an author of renown and has published many books. I dare say there is no man within the sound of my voice who does not use Dr. Mead's books in his office as a Bible. Not only has he published books, but he is a very prolific contributor to our current literature. I know of no man who has made a bigger contribution to the advancement of our profession than has Dr. Mead. If I were to try to enumerate the many things he has done he would have no time to speak. It is a privilege, an honor, and a pleasure, to present to you Dr. Sterling V. Mead, of Washington, D. C., President of the American Dental Association, who will address us on the subject, "Activities of the American Dental Association." Dr. Mead.

ACTIVITIES OF THE AMERICAN DENTAL ASSOCIATION

DR. MEAD: Mr. President, Dr. Minges, members of the North Carolina Dental Society, and friends, I shall now attempt to report to you on the "state of the Union". I think there is no more reason why I, who have been in active practice for a good many years, have any more interest in these affairs than you have. Nobody could have lived in Washington during the past few years without having become greatly interested in, and excited about, the trend of the affairs of dentistry. We have bureaucracy in the Army and the Navy and the Public Health Service, with this tendency to try to keep dentistry out of the control of its own profession. It is the constant demand for a compulsory plan that has put dentistry in the very position it is now in, in these services.

If any of you have any idea that compulsory plans might be good, all you have to do is ask these young fellows who have been in the Army and Navy about it, and they will tell you something about compulsion. The only improvements they have ever gotten in the service have been through the efforts of the American Dental Association. You have now in Washington at least six bills in these armed services that are of interest to you. You have the Promotion Bill in the Army and Navy. The Medical Corps is well take care of, but there is definite discrimination against dentistry. They are even trying to eliminate the Rear Admiral you have had for two years. We have only one, and there are twenty-two for the Medical Corps. I can see that medicine has more responsibility, but not in the ratio of twenty-two to one. Therefore I think we must fight for partial autonomy, at least.

There are also two other bills for the recruiting program. They are going to give physicians two hundred dollars a month more to get them in, because they are having trouble getting them.

Here is something else. Not long ago they had vacancies for seven hundred dentists and sent out notices, sent out seven hundred application forms, and had only one reply. Of course, the Army and Navy can not conceive that people do not want to go in, and they are going to send out more applications. The Medical Corps is now considering putting internes from hospitals in.

I can not conceive why, with the shortage of dentists we have, anybody who wants to go into the services as now set up, unless there are improvements. Those men who do go in will be those who are not enlightened and will be sorry for it afterwards. I see these Army and Navy men, and my heart bleeds for them. They want complete separation. I am not so much interested in the regular Corps as I am in the Reserves. We did a find job for the soldier and the sailor, but we should have done a fine job, because we had 24,000 of the best dentists in the world. We worked under a handicap, because the service was subjugated and had very low morale. Let's go back and get what we had in 1917 in the Army—complete parity with medicine. Let's fight for the Reserves, so that if they go in again they will render a service that is more efficient.

We also have a bill for a unified service, and we have a re-organization in the Army. In all six of these bills there is definite discrimination against the dental service. Congressmen are daily brought in contact with these high officials in the bureaucracy, showing them what ought to be done. All we can do is work back at home. It just makes you sick.

I think if it comes to a unified control we should have a complete separate service, as they have in Canada. In fact, we are putting in a bill for complete separation in the Army and the Navy. That will knock them back on their heels and give them something to think about. So we will work for a separate bill and work for partial autonomy, but if they will not cooperate with us let's work separately and do a good job. All through the years we have had a fine relationship with medicine. They realize you can either be a dentist of be a physician, and they do not want you to come in the back door.

I think we have accomplished a good deal this year; in fact, we have had meetings with physicians. The American Medical Association passed a resolution, and the American Medical Association has named five outstanding physicians to cooperate with the dental profession. I have named five members from the American Dental Association, and they will have a meeting in July. I recommend this for your local communities so that you can work on your problems of mutual interest, such as legislation, interchange of literature, interchange of officers, matters for clinicians, space for exhibitors, radio programs, etc. It is being done in some states in a very good way, but it needs to be extended.

I am particularly interested in public relations; I have been interested for a long time. Don't let anybody tell you that you were saved from compulsion by what any dentist did. You were saved from compulsion largely by the fight that medicine made. Medicine made a better fight than dentistry.

We have a wonderful pragram, but if you had a compulsory plan your plan would be no good, because it would not work to your satisfaction. Therefore I believe in a good public-relations program.

I am recommending this year that every state set us a good plan and that at least once a year all of the states and the central office on public relations meet at the national meeting and that the Board of Trustees

provide facilities for this to de done, so that we can interchange suggestions and formulate better plans. We should have a plan for radio publicity. Let's go back to the people and inform the people what is taking place. Let's inform the people why the soldier and the sailor did not get better care. If we inform the people they will tell their congressmen, and we shall not have such a fight in congress. To show you that is good, we went to congress in war time and, in spite of all the opposition from the Secretary of the Navy and the President's own opposition and the opposition of the Secretary of the Committee, the Admiral in charge of all personel in the Navy, we beat them twenty-one to two. We must have had a good story or we could not have beaten them that way. Let's carry that problem back to the people and let them work on it.

I got quite disspirited last year about our lack of a public-relations program, but I think we are going to improve on that. I think we are entering into an era of a fine public-relations program.

I think we should have a closer relationship of all our associated groups. I think it is time we have a definite, close relationship with the loboratory, with the dental technician, and with the oral hygienist--with all our adjuncts. Let's get together and have close cooperation, so we can discuss among ourselves what is best for all these groups and work it out. Why should not an assistant be educated in a dental school, the same as a hygienist or anybody else? Assistants are valuable to you. Their average time in a dental office is at least ten years, and they should be given good training.

Dr. Lineberger has done a splendid job with his committee this year. That is the hottest potato we have, but I think we are going to work somethig out.

We should do the same thing with the dental hygienists. They are here to stay. They are doing a good job and they should be supported. But there are a lot of angles to that question. One is education; maybe you are over educating them. It depends upon what you want. I heard a speech by Mrs. Schultz at Charlotte, in which she said it is not time to extend the activities of hygienists because the educational facilities are not here, but that when "the supply catches up with the demand and we have educational facilities we can launch an all-out, extended plan for dental hygiene." Just what did she mean by that? There are some dentists who think the dental hygienist should be able to extract teeth; but most of the dentists , I think, are not of that opinion. The only thing we can do is to sit around the table and discuss these things. My experience with that method is good.

I am interested in another thing, and that is retaining in the House of Delegates the rights of the individual dentist. It has been my experience in any locality to which I go, where we sit around the table, that I am proud of dentistry and am proud to be a dentist; and I think you may depend upon the average dentist's having the interest of the profession at heart and can expect him to go in and do a good job in the House of Delegates. Therefore, I do not think there is any difference in

our position in the state and the nation. I think the power should be retained in the communities and the states. When power is centralized it brings down criticism upon us.

At the national meeting you will be asked to vote on another thing. We have had a lot of controversy, and it has been very difficult for the Legislative Committee because it has been hard to decide upon a means test. But all we have to consider is this thing in the national bill for grants in aid. The United States gives money to the states to be matched by money from the states. We know where that money goes, especially under the philosophy we now have in Congress; it will be given only to those who can not afford to pay. That is in line with our philosophy. We know they come to the states and tell us to take care of the needy, of the poor devil who can not afford to pay. But when you give dentistry free to everybody it leads to collectivism and leads to compulsion. So I am against giving free dentistry to those who can afford to pay, and I believe that is the belief of every dentist in private practice. The American Dental Association is made up of about 75,000 dentists, only 2,000 of whom are not in active practice. So I believe the dentists in private practice should decide what is good for the country. It is not what is good for the dentist that we are most concerned about but what is good for the people.

Now, I am asked to speak on another subject on which I have not spoken in any other state; that is the National Committee of Dentists. I believe in the National Committee of Dentists because I believe in the National Physicians Committee. I believe it did a good job. If you read "The Road to Collectivism", which was gotten out by that committee, I think you will concede that they did excellent work. But I do not think in dentistry we have to do everything that is done in medicine. I do not believe the thing they did were altogether good public relations. I do not believe it is good public relations to have anybody on the National Committee of Dentists who is an officer of the American Dental Association. I was approached, but I would not serve. I do not believe your presidents or other officers or trustees should belong. Whatever they do should be in support of dentistry. I do not believe, even, in their going to the House of Delegates in any controversial matter, because that is in conflict with the original concept. I believe they should support the Committee and give them help. So I believe it is wrong for them to come into the House of Delegates and ask for a recommendation from the House of Delegates of the American Dental Association. I do not think that is good public relations. What they do in the states and in the communities is their business, but when they come to the American Dental Association I think that is wrong. When they come to me I give them my money. I gave them more money at one time than I do now, because they had greater need. But nobody should be coerced. That is an individual problem. Let's keep it away from the American Dental Association and let them support us. It is the same thing as what happened with compulsion in the Social Security system. On each side of the ten groups were fellows who were in the Social Security crew, and it tied them up. Let's not let them do it. The first thing that impressed me last year was that here was Theodore

Bloom sitting in our headquarters and trying to put the American Dental Association on record as favoring that. Nothing was ever said about that, but at the same time there was a fight by some against the National Committee of Dentists. That was settled very nicely.

I want to say to you that I think that our organization is in wonderful condition. You have a very fine Board of Trustees and very fine officers; you have an able Secretary and have a splendid organization. I am proud to be a dentist and proud to be President of our organization. I think we have a splendid plan, so I bring to you a very cheerful message on the outlook for the future.

Thank you.

PRESIDENT MEDLIN: I want to thank Dr. Mead for this very inspiring message that he has brought us. It is an honor to have him with us.

I now recognize Dr. Walter T. McFall, of Asheville.

DR. McFALL: Mr. President, ladies, and gentlemen of the North Carolina Dental Society, there has not been a president of the American Dental Association from the Fifth District our District, in twenty-two years. There has not been a president of our nationally named dental group (American Dental Association since 1913-1914) in forty years from North Carolina.

It has not been humanly possible to advise or contact personally the nearly one-thousand dentists in North Carolina, from the mountains to the sea, relative to the good news we now bring. Dr. Sterling Mead has just made us a bit prouder to call ourselves dentists. This, our annual meeting, is the time and place; and it is with pride and pleasure that we announce the candidacy of Dr. Clyde E. Minges, of Rocky Mount, for the office of President-Elect of our great American Dental Association.

Each of has been given a biographical sketch of Clyde Minges. We shall appreciate your personal support and endorsement of Dr. Minges' candidacy as we now lend his splendid talents and abilities to the manifold and stupendously responsible duties of our American Dental Association. We in North Carolina, who know him best and admire him most, believe that his record as a member of the Board of Trustees, his interest in dental-society affairs, his honesty, his sincerity of purpose, his ability to analyze the many problems facing the American Dental Association, all are important factors that qualify Dr. Minges as one of the natural leaders in American dentistry. This opinion is shared by those who have worked and served with him during his entire professional career. We want to tell all the dentists of America about Clyde, so that when we go to Boston in August he may have his chance and his opportunity as next President-Elect of the American Dental Association, where he has so courageously and so splendidly represented North Carolina and the Fifth District.

DR WALTER McFALL: It is my pleasure to call upon one of our mutual friends, Dr. Guy Harrison from our sister state of Virginia, to come forward and make some pertinent remarks at this time.

DR. HARRISON: The cordial relations existing between North Carolina and Virginia can be traced back to the first settlement of English speaking people in the New World which took place upon the soil of North Carolina. Here, at Roanoke Island, was born the first white child in what was to become North America. In the light of subsequent events, it was fitting that this child receive the name Virginia.

The cordial relations between the settlers of the two colonies grew as their mutual interests became greater. For quite a time the boundary line between the two colonies was unknown. It is quite certain that the colonies did not feel a line necessary except for administrative purposes, for this reason it became desirable to determine a line. A joint commission was appointed to survey and mark same. Colonel William Byrd headed the Virginia group. He registered a complaint against the Carolina members, saying it was difficult to keep them on the job. He also complained that they drank too much whiskey. The Carolinians countered with the statement that it took a lot of whiskey to stand the bragging Virginians. Incidentally, as an illustration of the mutual 'tastes' of the two groups it cen be stated, despite seeming evidence which may have observed to the contrary, a Carolinian appreciates the taste of good Bourbon as much as does a Virginian.

The ties of the two peoples became closer until the Revolutionary War. One of the decisive battles leading to the defeat of Cornwallis at Yorktown, Virginia, took place in North Carolina -- Here, at Guilford Courthouse, Virginians fought alongside North Carolinians, spilling their blood in the defense of the soil of Carolina, as thousands of Carolinians died on the soil of Virginia.

When the tide of war engulfed the Southland, North Carolina furnished more troops to the Confederacy than any other State. Virginia produced Robert E. Lee, Stonewall Jackson,, J. E. B. Stuart and other great military leaders; Carolina sent D. H. Hill, Brother-inlaw to the Immortal Jackson, William Dorsey Pender, James J. Pettigres, and other great leaders.

The first soldier to die in battle was killed at Bethel Church, Virginia. This soldier was a member of a North Carolina Unit.

In the grounds surrounding North Carolina's beautiful Capitol there stands a monument to Virginia's most distinguished son, George Washington, this monument being a replica of Houdon's Washington standing in the Capitol at Richmond, Virginia, and was presented by the Commonwealth of Virginia to the Citizens of North Carolina. It can be recalled that this is the only monument to Washington made from measurements secured in life. Rumor has it, there may be a monument to another Virginian in the Square; while unverified, it has been stated that the first killed at Bethel Church, Private Wyatt, was born in Spottsylvania County,

Virginia, lived in Richmond, moving from there to North Carolina, where he volunteered as a private in the Edgecombe Guards.

The fine relations between us have grown until today many of us feel that we are both North Carolinians and Virginians. As a native Virginian and an adopted Tarheel, it is a pleasant opportunity to bring to the attention of this body an action by the Virginia State Dental Association at its recent meeting in Roanoke, Virginia. The following resolution was presented and unanimously adopted:

RESOLUTION

The Virginia State Dental Association is pleased to learn that a distinguished member of the North Carolina Dental Society will be presented as nominee for the office of President-Elect of the American Dental Association.

With an appreciation of the contributions which this member has made and in recognition of his capabilities for future service, the Virginia State Dental Association wishes to record its enthusiastic support.

Therefore, be it resolved, The Virginia State Dental Association go on record an endorsing th nomination of Dr. Clyde E. Mings for the office of President-Elect of the American Dental Association.

PRESIDENT MEDLIN: I recognize Dr. Paul E. Jones at this time.

DR. JONES: Mr. President, with your permission, I should like to introduce the following resolution:

"We of the North Carolina Dental Society are highly complimented to learn that one of our distinguished members will be presented as a nominee for the office of President-Elect of the American Dental Association at the meeting to be held at Boston, August 3-6, inclusive, 1947.

"With appreciation of the many and valued contributions which this member has inaugurated and made, and in recognition of his capabilities for future service in the affairs of American dentistry, the North Carolina Dental Society wishes to record its enthusiastic support.

"THEREFORE BE IT RESOLVED that the North Carolina Dental Society goes on record as endorsing the nomination of Dr. Clyde E. Minges, of Rocky Mount, North Carolina, for the office of President-Elect of the American Dental Association; and

"BE IT FURTHER RESOLVED that the delegates from the North Carolina Dental Society to the American Dental Association meeting in Boston, August 3-6, inclusive, are hereby instructed to cast the vote of North Carolina for Clyde E. Minges."

Mr. President, I move the adoption of this resolution.

DR. CHARLES D. EATMAN, : I second the motion.

PRESIDENT MEDLIN: I call for a standing vote on the motion.

All those in favor of it will rise.

All members arose and applauded.

PRESIDENT MEDLIN: Any opposed will rise. No opposing votes.

PRESIDENT MEDLIN: The motion is carried unanimously, and I will now recognize Dr. Clyde E. Minges. Dentistry's man of the hour.

DR. MINGES: Mr. President, Dr. Mead, members of th North Carolina Dental Society and guests. It is hard for me to find words to express myself on this occasion. You have been most kind to me and I appreciate it very much. I once heard a noted speaker say: "I can take care of myself so far as my enemies are concerned, but I am helpless in the hands of my friends." This morning I find myself in a state of complete helplessness. The tribute you have just paid me far transcends any honor that has ever been shown me. My entire life in Dentistry has been spent as a close associate of you men here in North Carolina. You know my every fault and you know my shortcomings. I have no secrets from you,

Despite all this you have been most gracious, and I am grateful to you. I am sorry that I cannot more fittingly express my appreciation to you, my friends.

At this time I believe I am supposed to make a report to you as your Trustee. Dr. Mead has adequately covered the activities of the American Dental Society that nothing I might say would be more or less a repetition.

I was particularly pleased to hear Dr. Mead say that in his opinion the affairs of the American Dental Association were in good hands and were being handled wisely. I most heartily concur in Dr. Mead's statement.

During the six years that I have served as your Trustee it has been my purpose to report to you on the occasion of your annual meeting. Inasmuch as Dr. Mead has more or less covered everything I would have said to you in a report I will take only a few minutes of your time to indulge in a few personal remarks.

Today marks the last opportunity that I will have as Trustee to speak to you. I want to take advantage of this chance to express to you men of North Carolina my appreciation for your wholehearted cooperation during the past six years. You have been loyal to the core, and there is no finer grou pof men in the world, than those of the North Carolina Dental Society. I am proud to be one of you.

The time is fast approaching when you will be called upon to elect someone to serve as your Trustee. This is a very important matter and should be given serious thought. Three years ago when I was elected Trustee for a second term I made the following statement: "I will not again be a candidate for Trustee, I will not serve if elected, and I will not attempt to name my successor". This, Gentleman, is my position today.

Now, may I again thank you for your splendid cooperation throughout the years. This association with you will ever remain a pleasant memory.

PRESIDENT MEDLIN: We are all proud of Clyde and the honor he has brought to the North Carolina Dental Society and to Dentistry.

This closes the morning session, and I ask each of you to be on time for the afternoon session.

We now stand adjourned.

Whereupon the opening session adjourned at 12:30 o'clock p.m.

MONDAY AFTERNOON SESSION
May 5, 1947

The second general session of the Ninety-First Anniversary Meeting of the North Carolina Dental Society convened in the ballroom of the Carolina Hotel, Pinehurst, at 2:15 o'clock p.m., with President, Dr. E. M. Medlin, presiding.

PRESIDENT MEDLIN: The meeting will please come to order; and Dr. T. E. Sikes, of Greensboro, will introduce the next essayist.

DR. SIKES: Mr. President and members of the North Carolina Dental Society, it is a distinct pleasure to have the opportunity to introduce our next speaker, Dr. William H. Canavan, who is an outstanding man in his chosen field. It is interesting to me how an individual can accomplish so much in so short a period of time. I am not personally acquainted with him; I have friends, however, who are his friends and therefore I know him through them. He is a good fellow, they tell me. I am sure we shall all enjoy his work this afternoon. I wish to say, Dr. Canavan, in behalf of the North Carolina Dental Society, that it is a pleasure to have you come here as an essayist. We hope your visit will be pleasant and that you will make many happy contacts that will continue to give pleasure in the day to come.

It is my pleasure to present to this Society Dr. William H. Canavan, of Boston.

DR. CANAVAN: Thank you, Dr. Sikes.

"LOCAL ANESTHESIA" IN MINOR ORAL SURGERY

The patient's fear of pain is undoubtedly one of the strongest deterrents to visiting the dentist for service. Fortunately, ways have been found to eliminate or at least minimize pain to the extent that dental operations can be performed with a relatively small amount of discomfort to patients.

Dentistry, which gave the world general inhalation anesthesia, now uses anesthesia more extensively than any branch of medicine except surgery. Today no dentist is regarded as competent unless he is capable of selecting and using skillfully a satisfactory anesthetic as occasion may require.

General anesthesia was the first method employed to minimize and eliminate pain during dental operations. In recent years there has been a great development in knowledge of local anesthesia with the result that the dentist now is primarily concerned with it rather than with general anesthesia. Many dentists no longer find it necessary to administer general anesthetics for any operations performed in their offices, as local anesthesia serves very well for practically all operations performed in dental offices.

Although there is some difference of opinion on the desirability of using general anesthetics in the dental office, the trend appears to be definitely away from such use. If the dentist, without the aid of a trained assistant or an anesthetist, administers general anesthetics and operates on a patient, any complication, either with the anesthetic or the operation, places him under a distinct handicap.

There are infrequent cases requiring a general anesthetic in which the general practitioner properly should perform the operation in his office, but usually such are more advantageously hospitalized for treatment or referred to specialists. However, in view of the fact that every dentist occasionally may be called upon to operate on a patient under general anesthesia, he should have a sufficient understanding of general anesthesia to be able to perform the operation under such circumstances and to cooperate with the anesthetist. Certain specialists will continue to administer general anesthetics in their offices, but current trends indicate that the general practitioner will likely use a local anesthetic except when he has adequate assistance.

Anesthesia—Literally, this word means "without sensation". General anesthesia includes, not only loss of sensation, but loss of consciousness. Our local anesthetic, which in this case is procaine, will produce loss of sensation without affecting the state of consciousness. Procaine was synthesized by Einhorn in 1905 and introduced under the trade name, "Novocaine.". It is probably the most important of all local anesthetics and is¼ as toxic as cocaine after either intravenous or subcutaneous administration. As cocaine causes vascoonstriction, it is absorbed slowly, whereas procaine lacks this property and gains more rapid access to the circulation. If absorption is slowed, the toxicity of procaine is decreased greatly, for procaine is destroyed rapidly by the liver. In clinical use procaine is always administered in combination with epinephrine. In this manner its absorption is delayed and toxic reaction are rare.

CLINICAL USE

When a local anesthetic is to be injected, the least toxic one should be employed. Procaine is considered the safest agent available for this purpose. Unfortunately, however, procaine has a limited amount of usefulness as a Topical anesthetic. It has poor penetrating power and, therefore, is not serviceable for application to mucous membrane. For this reason procaine is employed mainly for injection anesthesis. For nerve blocking a 1 or 2% solution is comonly employed with 1.50000 epinephrine or 1.750000.

TOXICITY

Although procaine is the least toxic of all local anesthetics, it sometimes causes systemic effects in unusually sensitive individuals. Deaths have been reported from the injection of as little as 0.01 to 0.03 of a gram of procaine. Such responses are probable due to idiosyncrasy and fortunately are rare. Death is usually characterized by cardiovascular collapse and occurs immediately following the administration of procaine.

Procaine is available for use in oral surgery in the form of a hydrochioride salt, and is dispensed with or without epinephrine in a wide range of doses and concentrations. Many dentists make their own solutions. My own experience with the capsule form manufactured by a thoroughly reliable firm has been very satisfactory. With a balanced solution, made under conditions that no dentist could possibly approach, I do not hesitate to state that you are perfectly safe in using any form of procaine put out by, as I said before, a reliable concern specializing in such preparations.

Where there is definite heart impairment, there is no absolutely safe anesthetic. Local anesthesia without the use of epinephrine affects the heart very little. In cases where epinephrine is used disturbing symtoms can be overcome to a great extent by giving aromatic spirits of ammonia immediately before or after the injection and by placing the patient in a recumbent position. Patients with cardiac disturbances are best placed upon an operating table before the injection.

A good local anesthetic should combine several desirable properties. Obviously, it should not be irritating upon local application and it must produce anesthesia without causing damage to nerve structure. Most of the local anesthetics used today fulfill these requirements.

The fundamental principles of anesthesia, either local or general, are in the preoperative and postoperative treatments. As this paper is confined to the status of local anesthesia, I will digress for a few moments.

The removal of a tooth is an admission of the inadequacy of the dental care it has had but at the same time a service in preventive medicine and one which is an undoubted influence on the total health of the people. From the patient's point of view, the extraction of a tooth is considered and really is a most important operation. He is and should be concerned to know that he is to receive the best possible care, not only physically, but as concerns time lost from business, etc. and lastly expense.

Penicillin is an effective agent in prevention of one of the most deadly forms of heart disease, subacute bacterial endocarditis, an infection which occurs in patients who have rheumatic heart disease or congenital heart disease. Prior to the advent of penicillin this disease was practically always fatal. Almost one quarter of the cases develop after a tooth extraction or an operation on the upper air passages. The American Council on Rheumatic Fever of the American Heart Association advocates that all persons with rheumatic fever or rheumatic heart disease be given penicillin before having a tooth extracted or before undergoing any operation on the upper respiratory tract.

Dr. Oglesby Paul of Boston, the resident cardiologist of the Massachusetts General Hospital, has stated that bacterial endocarditis is caused by one of the streptococcus germs, strepto-viridens, commonly known as "green strep", which is always present in the mouth and air passages. When a tooth is extracted, the bacteria enter the blood stream and grow on one of the heart valves previously damaged by rheumatic fever. If penicillin is given prior to extraction or operation on the mouth and throat and the disease develops, penicillin administered in larger doses and over a long period can effect cure in most cases.

As dentists, we are urged to act as educators, instructing the public and others on the prophylactic use of penicillin. Dentists will be urged to avoid extracting teeth in cases of rheumatic heart disease unless penicillin has first been administered. In cases of severe infection, such as acute alveolar abscess with swelling and elevated temperature, an initial dose intramuscularly of 300,000 will be positively indicated 20 or 3 hours before extraction, and the results are most gratifying.

(In 60 cases, Dr. Paul, etc.)

The principal nerves and vessels to be considered in our work in the mouth and jaw are the second and third divisions of the fifth nerve. Brances of these divisions supply the mandible, the maxilla, and the incisor, bisuspid and molar teeth.

Once you have established your various landmarks, it will be routine work for you at each operation. The extraction of teeth and minor oral surgery call for a complete nerve block on the lower jaw. Due to the anatomical structure and dentistry of the mandible a supra periosteal injection would not suffice. The bone of the lower jaw is so dense and its cell structure is so different from that of the upper jaw that we can easily see why the nerve block is necessary.

All surgical work on the maxillas can be accomplished by the socalled supra periosteal injection. A study of the bone structure of the upper jaw shows a thin, cancellated bone tissue with many cells and foramina, making the supra periosteal injection so easy to do. Rarely will it be necessary to do an infra orbital block, although this injection is much easier than it looks, and in cases of necessity it is thorough and satisfying.

Retracing our anatomy for a few moments, we go over the anatomical landmarks so necessary for a perfect anesthesia. On the lower jaw we acquaint ourselves with the external and internal oblique lines. With the patient relaxed and the mouth open not too widely, we palpate the retromolar part and, grasping the syringe, just easily pass the internal oblique line, depositing a drop or two before inserting the needle further. The syringe should rest above the cusps of the cuspid and bicuspid teeth of the opposite side. With the needle in slowly introduce the solution—slowly meaning at least 40 to 60 seconds. Within a few moments there will be a sensation of tingling on the lateral side of the tongue and on the lower lip. Wait until this sign appears before making your long buccal injection. This is best made by depositing a few drops distal to the first molar. I have often injected into the musous membrane of the check about 1½ inches below

Stensen's duct, especially when infection was present in the lower first and second molar area. This injection will catch a loop of the long buccal and give you excellent anesthesia.

In macillary lingual injections it must be remembered that the anterior palatire nerve runs from the posterior palatire foramen, which is posterior and mesial to the third molar, anterior to the cuspid about half way between the roots and necks of the teeth. An injection on a point in this line between the second bicuspid and first molar will usually anesthetize the entire area. For the third molar one or two drops additional may be needed.

Choking or gagging is prevented by injecting on a line between bicuspid and molar. The needle is held parallel to the long axis of the teeth during insertion and 4 to 6 drops are sufficient.

I repeat—to avoid choking and gagging. keep away from the posterior palatal area and follow the lines I have suggested.

As the Anesthetic solution flows distal, remember this in making your injection. That is, if you intend to remove a right central lateral and cuspid, start your anesthetic in the mesial area of the central and cuspid. The solution will be absorbed and move distally, so keep in mind that it will at the time of injection.

The number of punctures in any procedure should be kept at an absolute minimum. Never use the same syringe for lingual injection that you use on the buccal. Keep changing so that there will be no danger of infection by a soiled needle.

The supra periosteal injection is so simple and gives the greatest results in the lower anterior region. The chief things to remember for the supra periosteal injection are:

1. Wipe the area dry and apply any topical agent you care to use.
2. With the lip grasped firmly and pulled down, at the junction of the muco buccal and muco labial fold, slide the needle toward the apex in the long axis of the tooth.
   Deposit a few drops then finish slowly. It is well to massage the tissue gently at this time.

Although I am not left-handed, I have succeeded in being able to inject the lower left jaw with my left hand. This is a surprisingly easy thing to do after a little practice. In the dental school hospital I have converted many students to the use of the left hand for left lowed jaw injection. It is much less clumsy, and you will be gratified with the results achieved with only a small amount of practice.

Approach to a Definite and Lasting Anesthesia.

With the supraperiosteal injection for the incisor and bicuspid arear, we now consider the tuberosity injection for operations in the molar region. This is best accomplished by sliding the needle past second molar or inward toward the median line. There are conditions that may make this injection

uncomfortable, but a slow, easy injection, keeping the needle away from the buccal tissue, will avoid ballooning and hemotoma that will follow. For the Alatal injection, I will say to keep away from the palatine foramen, as it is entirely unwarranted, and you will get all the lingual anesthesia in the molar region by injecting opposite the first molar area.

We are all cognizant of the pain incurred in making Palatal injection in the anterior portion of the palate. This can be overcome by injecting each side. To completely anesthetize this area, after your supraperiosteal injection is made, with a 27 gauge needle, inject in the papillae between the centrals and laterals, pushing the needle straight in, and you will have the most prefect lingual anesthesia.

Mental Foramen Injection

The success of this technique is dependent upon the introduction of the anesthetic solution in the right area, which is very frequently a different procedure for many operators.

In this instance we depend upon gentle pressure to guide and press the solution into place. Upon examination we find the mental foramen opening into the outer wall of the mandible at a spot just below the apices of the lower first and second bicuspid teeth and midway between them.

The nerve and blood vessels emerging are protected by the anterior wall of the foramen and deflected backward and slightly upward. This forms a natural bowl into which the anesthetic is introduced. A one-inch needle is used, and the depth of the injection is one-half inch—no more.

On the left side the corner of the mouth is retracted slightly upward and outward with the thumb of the left hand. The first finger is pressed against the outside of the mandible slightly back of and over the mental foramen area. The needle is inserted immediately behind the cuspid attachment. Proceed downward and backward for one-half inch and slightly beyond the mental foramen area. With light pressure of the first finger against the area from behind forward, the anesthetic may be felt as it is introduced and gently guide into the mental foramen. This pressure may be applied until all of the two cubic centimeters of anesthetic are introduced.

The injection on the right side follows the same pattern except that the corner of the mouth is retracted with the first finger and pressure is applied with the thumb.

There is no excuse for any of us not employing preoperative and postoperative medication. My choice in premedication is a nembutal and aspirin or plain nembutal in capsules. Give the patient instructions for 1½ grains of NEMBUTAL the night before and 1 grain with aspirin. It is the most helpful addition to our practice, and we should follow the steps of our physician friends who premedicate at all times.

If the patient comes in without previous medication, give nembutal and aspirin before operating. Let him sit around for a half hour; you will get quicker action if you open the end of a capsule with a pointed instrument.

Now for postoperative medication. This is most important. First, while the patient is in the chair, put on cold packs for at least fifteen minutes. Allow no rinsing for at least twelve hours. Be sure to give the patient a package of sterile gauze sponges to bite on while going home. Give the patient four nembutal capsules with definite directions for taking them.

The barbiturates are expecially adapted for the nervous or highly excited person. The 1½ grain capsule is especially indicated as the desired effect wears off rapidly and the patient is quite normal before leaving the office. Contra indication to the use of the barbiturates are rather few. Never administer them to patients who have an idiosyncrasy for them. Never use them on patients with liver disease. Use them in small doses, if at all, in high fever, thyroid disease, anemia and in old people.

Premedication is definitely indicated in all nervous and excitable patients prior to any oral operation, especially where a local anesthetic is to be used.

Gelfoam In Oral Surgery

One of the newer aids to oral surgery is the use of absorbable hemostatic agents. These substances serve to hasten clotting and they also function as "space obliterators" in large wounds. Primary and secondary hemorrhage, even in simple extractions, have always been a matter of concern to dentists. Because the organization of large clots is uncertain, some dressing material must usually be introduced into large wounds, such as third molar sockets or cystic cavities. Healing is necessarily retarded by non-absorable dressings, and increased post-operative care is occasioned.

Fibrin foam, a human blood fraction, is being used and was the first of the absorbable hemostatic agents. A synthetic product, a gelatin sponge, used in conjunction with Thrombin, has been available for some time now and is very good for use in exodontia and oral surgery. Gelfoam, the proprietary name of the gelatin sponge, does the work that Fibrin Foam does, namely:

1. Acts as a hemostatic, and
2. Can be used for "space obliteration".

Although Trombin should be used with Gelfoam to control severe bleeding or hemorrhage, it is not necessary in routine use. We find it advisable to place Gelfoam in cystic cavities, following enucleation, in sockets following the removal of impacted teeth, and in other wounds where there has been loss of bone resulting in the creation of a large space. Gelfoam in such cavities acts as a matrix for the formation of a clot; hence, healing is accelerated.

Gelfoam in itself is somewhat hemostatic and, since hemorrhage is infrequently encouraged, we do not usually impregnate our gelatin sponges with Thrombin.

The mechanics of using Gelfoam is very simple. The dry sponge, packages in a sterile container, is removed and cut to the desired size. The

Thrombin solution, if used, is prepared by adding saline to the powdered material, and the sponge is immersed. It is then lifted out, thoroughly squeezed to eliminate air from the meshes, and re-immersed. As it soaks up solution, the sponge swells. Excess fluid is blotted off by placing the gelatin sponge on a dry cotton one, and the Gelfoam can now be placed in the wound. In most cases where Thrombin is not indicated Gelfoam is merely soaked in normal saline and used in this wetting condition. The sponge can be used dry, but we have found that a wet sponge is easier to handle and is better retained in a socket than a dry one.

The use of Gelfoam reduces post-operative bleeding to a minimum, and healing of wounds is accelerated. They primary values of the agent are:

1. the obliteration of "dead space", and
2. control of bleeding.

Whether you use tincture of iodine as antiseptic is optional, but I have been using a 10% solution of Butyn on an applicator tipped with cotton. This is not only antiseptic, but thoroughly anesthetic, and your needle will go into the tissue without the slightest pain. There are many topical solutions, but I have found Butyn 10% solution the most reliable. I have never seen sloughing or any post-operative soreness following its application.

If there is much pain or swelling or both, I have found the infra red lamp the best agent for quick relief. Four to six minutes on the affected side after spreading vaseline on the face will do wonders. I have seen a face badly swollen, with a trismus so firm, that after six minutes of this lamp the patient opened up and felt better all round. Be sure to instruct the patient in the intake of water and fluids. Prescribe a saline laxative, especially where infection is present—Citrate Magnesia—and instruct the patient to use an extra pillow or two to keep the head elevated in order not to allow the tissues to become swollen due to gravity.

In regard to drains and dressings, in all lower third molar cases I recommend treating the periocoronal area for a day or two before removal of the tooth. In these partial unerupted cases there is a tremondous area of infection, which has caused the death of patients following extractions.

Gently lifting the flaps, I irrigate the area with a hot solution, salt or other agents and, making a small drain by rolling the tape in the pliers, I dip it in Gentian Violet solution 50% and insert it under the flap. The results are amazing. In 24 hours the swelling is down, inflammation almost clear, and no pus present. Repeat once or twice more, and then proceed with your extraction.

Do not pack dressings in or make them too large, for they will become plugs instead of dressings and will cause a great deal of discomfort.

For years I have advocated the suturing of tissue following extraction of two or more teeth. The end results are startling, as healing starts immediately and no gaping sockets are left to become dry and infected. With all bony specules trimmed down and gum tissue trimmed of all necrotic tissue, the suturing together brings a beautiful result and in a week the gums look as if the extraction took place months ago.

Accidents During Local Anesthesia

1. The breaking of needles.

This condition, I am happy to state, has been reduced greatly due to better grades of steel and the dentist being more careful, using less pressure and changing the needles more frequently.

2. The spreading of dental infection by injection into area already infected.

This condition must be left to the dentist's judgment. A careful study before operating saves many hours of grief.

In regard to the breaking of needles, it is not necessary to place the whole of the needle in the area of injection, especially in the mandibular injection. This is where most accidents occur. Again, do notplunge the needle in rapidly. Insert slowly and always have an artery forceps or pliers handy on the instrument table in case it is necessary.

Indication for Intra-Oral Injection

The following operations NOT complicated by infection, pus, etc., can be most successfully treated by local anesthesia with procaine as the anesthetic agent:

1. Removal of teeth and roots
2. Resection and trimming of alveolar process and bone
3. Removal of cysts
4. Removal of epuli
5. Trimming, suturing gum tissue
6. Removing partial and total unerupted, impacted third molars and cuspids
7. Curettement of root sockets
8. Removal of necrotic bone.
9. Wiring of jaws in fracture.

Contra Indications for Inter-Oral Injection

1. Where considerable infection is present
2. Tissues highly swollen and inflamed
3. Trismus, where patient is unable to open jaws
4. Cases of extensive trauma following injury, auto accidents, etc.

No nerve blocking should be attempted unless operator is familiar with anatomy, rules of asepsia and good technique.—William H. Canavan, D.M.D. 47 Bay State Road, Boston, Massachusetts.

PRESIDENT MEDLIN: I want to thank Dr. Canavan, for this very fine presentation.

We will now have ten minutes for recess.

PRESIDENT MEDLIN: The Meeting will please come to order.

Dr. Eddie Current, of Gastonia, will present our next essayist. Dr. Current.

DR. CURRENT: Mr. President and members and guests of the North Carolina Dental Society, a few minutes ago I approached our next speaker and said to him: "What do you want me to say about you?" He replied: "The less you say the more time I shall have."

Knowing the next man on our program as I do, I will not introduce him to you as a specialist, but present our next speaker as a master in his specialized field of dentistry. His subject, "Cast Gold and Veneer Crowns." I am happy now to present to you Dr. B. F. Sapienze, of Birmingham, Alabama. Dr. Sapienza.

DR. SAPENZA: Mr. President and members of the North Carolina Dental Society, the thing I am going to talk about is diagnosis. That is the most important thing I can talk about, I believe. We can not discuss it too much. The way we go about diagnosis in my office is what I shall discuss here. Every patient that walks in must have a full mouth X-ray. We make study casts and mount the casts. We put the casts on an articulator and study them.

As dentists I think we should follow a certain routine in making the diagnosis for every patient that walks into our offices. You know that a patient can not have much confidence in us if he walks into the office of one dentist who looks in his mouth and tells him he needs four fillings and a fixed bridge, etc., etc., and he then goes to see another dentist who gives him a different diagnosis. He will think the whole dental profession is screwy, and I do not blame him.

If you have an X-ray machine in your office you can charge a fee of ten or fifteen dollars for making an X-ray, and you can take an impression and tell the patient that will be ten or fifteen dollars, or whatever price you fix. Then you do not care if the patient comes back or not, because you have gotten your fee. The combination of those two will give you much information about how to fix that patient's mouth. It will give you a really scientific diagnosis.

Patients will ask a lot of questions, and I am going to try to answer the questions. You have to explain things to them. In answering them, I hope with all the work we have to do today we shall get out of that category of selling materials. I say this; if you think for a definite reason you want to construct a removable appliance and are capable of constructing it, go ahead and do it.

Let's try to render a service—put in a good filling and save the tooth if we can. A lot of you aremaking beautiful inlays. I know I am not. But if a patient needs an inlay rather than something else I will try to give him a good inlay.

Tell the patient that the teeth are supposed to function like a set of gears. If a gear tooth breaks out you do not throw the machinery away.

If a patient loses a tooth we have to explain that the other teeth drift out of position and explain to him that that creates malocclusion and pyorrhea will begin to develop.

Can pyorrhea be cured? The radiogram will show you how much bone has been destroyed. Tell your patients that before they develop pyorrhea they have to go through three stages of gingivitis. When a patient comes in with gingivitis, with heavy tartar all around the teeth, we do not tell him that we are cleaning the teeth; we call that a treatment. I do not break my back trying to clean all that away in one hour's treatment; I give them four appointments of fifteen minutes each, and they have a fifth appointment for cleaning the teeth. So you get your twenty-five dollars.

I have quite a lot to say this afternoon, and I am going to try to explain to you what I think is the cause of many of our failures in fixed-bridge work. The only way I can do that is to give you a little illustration. I am going to treat what is supposed to be the root of a tooth. That can be the root of a first molar or a bicuspid or anything. That root is imbedded in a socket. What hold it in there? There are a lot of little, fine wires, longitudinal and horizontal fibers, that go all around this tooth. Going into the apex of the tooth are a lot of little threads that we call blood vessels.

The dental profession over the years has ignored one thing. There is a definite stopping position for this root end, or a normal resting position. When you have completed your birdge it must be done in relation to that normal resting position. When a bridge fails we increase the.....up here. That is not causing our bridge to fail. You say "No?" What caused our old gold crowns to stay in, lasting fifteen, twenty, thirty, or even forty years? Why didn't we worry about frictional retention? When you put the crown in there and when you put in the cement, the cement froze there, and that birdge went into place without disturbing the normal resting position of these root ends.

I am going to give you men a point that has been very valuable to me. That practical hint is this. Many of us in the past and now, when we prepare a tooth for a jacket crown or for amalgam or inlay (let's stick to the anterior teeth; the same thing will apply to the rest of the mouth), in order to take an accurate impression in compound we fill these little cavities up with cement. We sit around and wait for that cement to get hard then go back and polish that thing up. If it chips off we have to put in more cement and wait again. The point is that you put in a little inlay of wax. Dry the field of operation, pick up a little wax, and drop it into those cavities. While your assistant is playing on that tooth a blast of compressed air you trim that up very smooth, then take your impression. Some of you will worry about what happens to that wax when you put the hot compound in there. Nothing happens.

Let's go ahead with the slides now.

Dr. Sapienza then showed slides and a moving picture, with running comment.

PRESIDENT MEDLIN: I want to thank Dr. Sapienza for this most interesting and instructive lecture.

This concludes the afternoon program, and the meeting is adjourned.

Thereupon the afternoon session adjourned, at 5:20 o'clock p.m.

HOUSE OF DELEGATES

May 5, 1947

The first meeting of the House of Delegates of the Ninety-First Anniversary Session of the North Carolina Dental Society convened in the ballroom of the Carolina Hotel, Pinehurst, at five-twenty-five p.m., with the President. Dr. E. M. Medlin, presiding.

PRESIDENT MEDLIN: The first meeting of the House of Delegates will please come to order, and the Secretary will call the roll.

The following answered the roll call:

OFFICERS OF THE SOCIETY

E. M. MEDLIN, *President*
R. M. OLIVE, *President-Elect*
MARCUS SMITH, *Vice-President*
C. W. SANDERS, *Secretary-Treasurer*

ETHICS COMMITTEE

H. R. Chamblee, *Chairman* — O. R. Hodgin

BOARD OF DENTAL EXAMINERS

Wilbert Jackson — Walter Clark

EXECUTIVE COMMITTEE

C. C. Poindexter, — F. O. Alford
S. L. Bobbitt

MEMBER STATE BOARD OF HEALTH

Paul Jones

FIRST DISTRICT

W. Kermit Chapman — P. P. Yates
Wm. Davenport — W. D. Yelton

SECOND DISTRICT

George S. Alexander — R. B. Harrell
J. Donlad Kiser — Frank W. Kirk
Burke Fox

THIRD DISTRICT

Sam Shaffer — R. L. Underwood
J. T. Lasley — F. E. Gilliam
H. V. Murray

FOURTH DISTRICT

W. W. Rankin	J. W. Branham
L. J. Moore	T. M. Hunter

FIFTH DISTRICT

A. L. Wooten	Paul Fitzgerald
Z. L. Edwards	J. F. Duke

Sandy C. Marks

SECRETARY SANDERS: Mr. President, we have a quorum.

PRESIDENT MEDLIN: We have a quorum, gentlemen, and are now open for business.

DR. D. L. PRIDGEN: I should like to make a report for your Committee on the Constitution and By-Laws.

I would like to say that we failed to get a proposed revision in the Bulletin which was issued a few weeks ago, due to the fact that the printer called for copy earlier than usual. We had mimeographed copies made however, which were mailed every delegate and alternate, and we were able to get into the hand program of the Bulletin.

As you will recall, the primary purpose of this revision is to lighten the burden of the Secretary-Treasurer.

We recommend that the present Section 2 of Article IV of the Constitution be stricken out and the following substituted and designated Section 2:

Dr. Pridgen read the proposed section.

PRESIDENT MEDLIN: You have heard this proposed change in the Constitution, gentlemen. Do I understand, Dr. Pridgen, that in case we have as many as five delegates the President-Elect will automatically become a delegate?

DR. PRIDGEN: That is what this section provides.

PRESIDENT MEDLIN: As presently provided, all delegates are elected at the general session. This will make a change. When I became secretary, we had three delegates; and in case we had a fourth the secretary-treasurer automatically became a delegate. But during Clyde Minges' term that was rescinded, and all delegates were elected in the general session.

What is your pleasure?

DR. FOX: I move that it be approved.

DR. CLARK: I second the motion.

Motion carried.

DR. PRIDGEN: The next change is in Article VII, Standing Committees. That whole article is stricken out and the following proposed to be substituted:

Dr. Pridgen read the proposed new Article VII.

DR. YELTON: I move that it be approved.

DR. FOX: May I ask a question? It seems that the success of a president's term of office depends in large measure upon the committees that he has functioning under him. According to this proposed plan, four members of each committee will be appointed by previous presidents and the current president will have the privilege of appointing only one member. It may be that the man whom he would like to have as chairman of a certain committee could not be appointed because there is already a man from that district serving on the committee. After reading this over and giving it consideration the thought arises that if each standing committee were composed of six members, one from each district society and one member at large, the member at large to be appointed for only one year, still leaving the president the right to appoint the chairman, that would give him some leeway, so that if a man from a certain district were already serving on the committee and he wanted another man from the same district he could still put that man on. I believe in that way it could work a little more smoothly.

Motion seconded.

DR. T. M. HUNTER: I should like to take exception to Dr. Fox's discussion there. It seems to me that men who have served two or three years on a committee know the functions of that committee better than the newly elected president, and I should like to see it remain that way.

DR. SANDY C. MARKS: This provides that one man be appointed from each district, and that means that every man will have to serve five years. Five years is a long time. I wonder if that could not be changed in some way.

DR. A. L. WOOTEN: I want to echo Sandy's remarks. Five years is a long time.

PRESIDENT MEDLIN: Is there any further discussion? (No response). If not, I will state the question. All in favor of the proposed change say "Aye". All opposed, "No." The ayes have it.

DR. PRIDGEN: We come now to the By-Laws, Article I, Duties of Officers, Section 1.

Dr. Pridgen read the proposed revision.

DR. S. L. BOBBITT: I move it be adopted.

Motion seconded and carried.

Dr. Pridgen read the proposed amendment to Section 4, Article I of the By-Laws.

DR. J. DONALD KISER: I move it be adopted.

Motion seconded and carried.

Dr. Pridgen read the proposed amendment of Section 5 of the same Article.

DR. PRIDGEN: I might explain that by saying that we are creating Committee on Constitution and By-Laws and we thought the Editor might be relieved of that duty and that it would more properly be placed on the standing committee.

DR. R. L. UNDERWOOD: I move that we adopt it.

Motion seconded and carried.

Dr. Pridgen read the proposed amendment to Section 6, Article I, dealing with the Executive Committee.

DR. PRIDGEN: In explanation, that is simply clarifying the status of the ex-officio members. The question has voting privileges.

PRESIDENT MEDLIN: You have heard the explanation of this section. I might say that, according to Roberts' Revised Rules of Order, ex-officio members have the same right to vote as other members.

What is your pleasure?

SECRETARY C. W. SANDERS: I move that it be adopted.

Motion seconded; carried.

Dr. Pridgen read the proposed new Section 8 of Article I, Legislative Committee.

DR. PRIDGEN: That is changed somewhat from the way you have adopted as to how the standing committees shall be constituted, but this is exactly the way the Legislative Committee has been functioning. The members are not always appointed one from each district but perhaps are men who have more contact with the State Legislature and can do us more good there.

Motion to adopt.

DR. HUNTER: It seems to me that this is in conflict with the provision we have adopted in the Constitution.

DR. PRIDGEN: May I read the first clause of Section 2 of Article VII of the Constitution, "Unless otherwise specifically provided". That takes care of that.

Motion carried.

Dr. Pridgen read the proposed new Section 9 of Article I, Program Committee.

DR. KISER: I move that it be adopted.

Motion carried.

Dr. Pridgen then read Section 10 of the same Article, dealing with the Clinic Committee, as proposed to be substituted for the present Section 10.

DR. CLARK: I move that it be adopted.

Motion seconded. Carried.

Dr. Pridgen read the proposed new Section 12, Article I, Exhibit Committee.

PRESIDENT MEDLIN: This is merely carrying out the plan under which we have operated this year.

Dr. Pridgen read the proposed new Section 13 of Article I, dealing with the Necrology Committee.

Motion to adopt.

Dr. Pridgen read Section 14, Article I, Library and History Committee.

DR. J. W. BRANHAM: I move that Section 14 be adopted.

Motion carried.

DR. R. M. OLIVE: Since Dr. Fleming has been very active on that Committee and has published our history and a good bit of this work has been done mostly by him, I should like to hear from Dr. J. Martin Fleming on that subject.

PRESIDENT MEDLIN: We shall be glad to hear from Dr. Fleming.

DR. J. MARTIN FLEMING: I did not understand what point he wanted me to discuss.

DR. OLIVE: According to the new Constitution and By-Laws, you would have to have a member from each of the other districts on that Committee with you.

DR. FLEMING: I do not think it would be objectionable at all.

DR. OLIVE: I should like to have it as Dr. Fleming wants it, because most of the people who have been working with Dr. Fleming are in and around Raleigh.

A MEMBER: Under this Section they are authorized only to receive gifts. Could that be broadened so that they could acquire material by purchase?

DR. PRIDGEN: I do not believe the Committee thought of that. It might be.

DR. Z. L. EDWARDS: I do not believe it would be necessary to do that. If the Committee thought something was worthy of purchase the matter could be taken up with the Executive Committee and the Executive Committee could approve the purchase.

Motion to adopt this Section carried.

Dr. Pridgen read the proposed new Section 15, on the Insurance Committee.

Motion to adopt.

The proposed new Section 16, Publicity Committee, was read by Chairman Pridgen. On motion, duly seconded and carried, it was adopted.

Dr. Pridgen read the proposed new Section 17, providing for a Constitution and By-Laws Committee.

PRESIDENT MEDLIN: What is your pleasure, gentlemen?

Dr. Wilbert Jackson moved adoption. Motion seconded and carried.

Dr. Pridgen read Section 18, regarding the Prosthetic Dental Service Committee.

PRESIDENT MEDLIN: You have heard this Section, gentlemen, which provides a new committee.

On motion of Dr. J. T. Lasley, duly seconded and carried, this section was adopted.

Dr. Pridgen read the proposed Section 19, in regard to the Council on Dental Health.

PRESIDENT MEDLIN: As I understand it, this is a new name for our Oral Hygiene Committee, to conform with the A.D.A. name. What is your pleasure?

DR. CLARK: I move that it be adopted.

Motion seconded and carried.

Section 20, State Institutions Committee, read by Dr. Pridgen.

DR. HUNTER: I move its adoption.

Motion seconded; carried.

Dr. Pridgen read Section 21, Article I, regarding Trustees of Relief Fund, as follows:

> "Section 21. The Trustees of Relief Fund shall be composed of three members, and shall be a permanent and self-perpetuating body. They shall organize by selecting one of its members as chairman and one member as the secretary-treasurer, and shall be custodians of the relief funds of the society. They shall receive applications for relief, make proper investigations, and shall have the authority to draw vouchers against the relief fund for the payment of relief which may be approved. They shall make an annual report to the House of Delegates."

PRESIDENT MEDLIN: I will entertain a motion on this section.

DR. PAUL FITZGERALD: The North Carolina Dental Relief Committee was formed many years ago. At the time of the foundation of this committee we had practically no funds for the relief of our destitute members. For reasons best known to the Society this committee was made a self-perpetuating body. The members who were placed on this committee were probably the best choice that could have been made by the North Carolina Dental Society. They were men who commanded as much admiration and as much respect and love as any three men in our State Society.

They have done a wonderful job in building up this relief fund, and it has reached a point where we can really do some good when we have destitute members. It seems the conditions have changed, and it is felt that it is best now to increase the number of members on this committee to five and make it just a regular standing committee. In view of the above facts, I wish to offer this motion:

"BE IT RESOLVTD that Section 21 of Article I of the By-Laws conform to and be governed by Section 2 of Article VII of the Constitution, on Standing Committees, with the exception that this committee shall organize and elect a chairman from their number. All money and assets of every kind belonging to the Relief Fund shall be held in custody by the Secretary-Treasurer of the North Carolina Dental Society and shall be kept in a separate account known as the Relief Fund Account. Funds of this account shall be disbursed in amounts and for such duration by the Secretary-Treasurer of the North Carolina Dental Society on the recommendation of the Trustees of the Relief Fund."

PRESIDENT MEDLIN: Gentlemen, you have heard Dr. Fitzgerald's motion regarding the Relief Committee.

DR. FITZGERALD: Mr. President, I am offering this as a substitute motion for the proposed article.

PRESIDENT MEDLIN: Is there a second?

DR. BURKE FOX: I should like to second that motion by Dr. Fitzgerald. I might say, in connection with the matter, that the Grand Lodge of Masons in North Carolina has had considerable experience with these self-perpetuating boards of trustees and at a recent Grand Lodge meeting it was adopted as a policy that in the future no self-perpetuating boards of trustees would be permitted within the Masonic fraternity in this State. They have had a lot of experience with these self-perpetuating bodies and have found that the thing does not work out in the way it was originally intended to work, and for that reason I want to second heartily this motion of Dr. Fitzgerald's.

DR. PAUL JONES: I think it would be well for Dr. Fitzgerald to read that amendment just as it would appear when it is completed as a substitute, so we shall know exactly what it would do. That is not clear, and I think the members do not understand what he is trying to do.

DR. FITZGERALD: The substitute motion states that this section be made to conform and be governed by Section 2 of Article VII of the Constitution, on Standing Committees. That will make it a committee of five, instead of three. Is that right?

DR. PRIDGEN: Correct. Section 2 states: "Unless otherwise specifically provided, each standing committee shall consist of five members, one from each district society, appointed by the President for terms of five years, four years, three years, two years, and one year, respectively; and thereafter one member shall be appointed annually for a term of five years, and the chairman shall be designated by the President." There was an exception made in this case, however, that the trustees organize and elect a chairman from among their own number.

DR. WOOTEN: May I make this remark in regard to this provision? Regarless of whichever we adopt, there should be some stipulation there as to the members receiving benefit and to just what status it should apply. If members have been in and out of the Society, in one year and out the next, and have never been an asset to the Society there is some question as to whether they sould receive relief. That is not stated in either of the proposed sections. There should be some provision as to that. As it is, it is left up entirely to the committee.

PRESIDENT MEDLIN: It is left up to the A.D.A. Committee.

A MEMBER: Mr. President, I should like to hear from Dr. Fleming on that. He has been Chairman of our Dental Relief Fund Committee for some twenty years.

DR. FLEMING: Mr. President, I am not a member of this body and so hesitated to get up. But I wonder if I might not read my report right now.

DR. JACKSON: I move that Dr. Fleming read his report.

Motion seconded and carried.

DR. FLEMING: Mr. President, this Committee was appointed by Dr. Howle in Charlotte in 1928. I was the one who moved that each member pay fifty cents a year for this purpose. Dr. Howle thought that was too low and said we should make it a dollar a year. At that time we had four hundred members. Dr. Howle immediately appointed Dr. Hunt as chairman, and I was made secretary-treasurer. I sent my resignation to Dr. Hunt several weeks ago, to take effect at this meeting.

There has been some dissatisfaction, but I wonder what committee could possibly function without some criticism of it. That is the reason I want to read my report now, because I want to be relieved of the burden of the work. As I say, Dr. Hunt has had my resignation in his hands for something like six weeks.

I also want to ask the President to appoint a committee to audit my books, because they run over a period of something over nineteen years.

This is my report:

REPORT OF RELIEF COMMITTEE
NORTH CAROLINA DENTAL SOCIETY

RECEIPTS

May 6	By Balance on hand	$ 809.62
May 21	By check J. M. Ney Co. (Amalgam scrap)	245.67
June 21	By Interest on deposit	3.12
July 8	By Check from American (Seal Sale)	342.25
Oct. 5	By Interest on deposit	5.00
1947	By Interest on deposit	2.80
Jan. 2	By check N. C. Dental Society	200.00
Mar. 20	By Interest on deposit	2.59
Mar. 20	Total Receipts	$1611.05

1946	DISBURSEMENTS	
June through December Oct. 5	To Relief of member 7 mos. @ $15.00	$ 105.00
	To Purchase 1 $1000.00 Bond	740.00
1947 January through May	To Relief of member 5 months @ $15.00	75.00
	Total Disbursements	920.00
	Balance on hand May 5th	691.05

Assets May 5, 1947

Cash on hand (Wachovia, Raleigh) 691.05
8 $1000.00 Bonds
1 $ 25.00 Bond

Dates of Purchase of Bonds
4 in 1941
1 in 1942 ($25.00.)
1 in 1943
1 in 1944
1 in 1946

J. M. Fleming, *Chairman*

I ask you earnestly right now to appoint a committee to look over my books for the twenty years. I have every item here. I should like to turn this money over to my successor, whoever he might be. I do not want to influence you in any way in the world. If you want to put it in the hands of the Secretary-Treasurer, all right. I do want you to know that during that time not a cent has been paid out for postage or anything else. At one time there was a charge of fifteen cents for a cashier's check.

DR. WOOTEN: I have just one remark to make. Dr. Fleming said he did not want to influence anybody. I want to say that he can not influence anybody now, because his influence has been exercised during the last forty years, and he can not change it now.

PRESIDENT MEDLIN: I want to say that I have made quite a study of this, and Dr. Fleming has had a hard job. The Committee has done a lot of hard work and has built this fund up. I do not think it is really ncessary to audit these books, but since Dr. Fleming asks it I will ask the same committee that audits the Secretary-Treasurer's books to audit these. If there is no objection that will be done.

What is your pleasure as to this report?

DR. CLARK: I move that the report be adopted.

Motion seconded and carried.

PRESIDENT MEDLIN: We now come to Dr. Fitzgerald's substitute motion, which is to make the committee five instead of three, etc., etc. All in favor of the substitute as offered by Dr. Fitzgerald will say "Aye".

All opposed, "No". (One negative vote heard). The ayes have it.

CHAIRMAN PRIDGEN: The next change is in Section 1 of Article IV, Privilege of Members.

Dr. Pridgen read the said amendment, which, on motion duly made, seconded, and carried, was adopted.

The amendment to Section 1 of Article V, on Dues, was read by Dr. Pridgen.

Motion to adopt; seconded; carried.

DR. NORMAN F. ROSS: While we are on that, may we have a statement from yourself or the Secretary-Treasurer clarifying the procedure as to reinstatement? There has been some question as to that, and this is a good oppportunity to clarify it, while all the secretaries of the districts are here.

PRESIDENT MEDLIN: What question was that?

DR. ROSS: The question came up as to how much members shall pay when they come up for reinstatement.

PRESIDENT MEDLIN: Back dues for one year and the current year.

DR. ROSS: The old By-Laws said twenty-four dollars.

PRESIDENT MEDLIN: That does not include the district dues. They shall be at the pleasure of the district.

DR. ROSS: Back dues for one year?

PRESIDENT MEDLIN: Yes.

Section 5 of Article V of the By-Laws, "Dropping from the Roll", was read by Dr. Pridgen.

PRESIDENT MEDLIN: I am sure we are all in favor of this section. All in favor say "Aye". All opposed, "No". The motion is carried.

CHAIRMAN PRIDGEN: That concludes the report of the Committee on Constitution and By-Laws, Mr. President. I understand that in order to become final this will have to be presented at a subsequent meeting of the House of Delegates, but I trust not section by section.

PRESIDENT MEDLIN: This will lie on the table until the next meeting, at which time it can be adopted by a ninety-per-cent vote.

I want to thank Dr. Pridgen and his Committee for their work on this matter.

Are there any further committee reports?

The following report of the Oral Hygiene Committee was read by the Chairman, Dr. E. A. Branch, who moved its adoption.

DR. BRANCH:

REPORT OF THE ORAL HYGIENE COMMITTEE

CHILDREN IN NEED

In making this report we call attention to the fact that this committee is a combination of our Oral Hygiene Committee and the Council on Dental Health.

As a background for the report, we wish to quote two statements from recommendations made by the Council on Dental Health of the A.D.A. and approved by the American Dental Association in their meeting last October in Miami. The first statement is:

> "So long as nearly all of the population over three years of age need periodic dental treatment, an organized dental care program for all age groups will remain an impossibility unless more personnel is trained and distributed more evenly in the population".

The second statement is:

> "The prevalence of dental diseases and defects can be reduced most effectively by concentrating on the dental needs of children".

This last statement of policy is especially acceptable as that has been for many years the major premise for justifying the dental health program as conducted by the Division of Oral Hygiene of the North Carolina State Board of Health and as endorsed by this Society.

ONLY 20,703

You are all familiar with the modus operandi of the program which is directed, primarily, to children under thirteen years of age. The school dentists go into the schools where they teach mouth health in the classrooms, make oral inspections for all children and dental corrections for the underprivileged, and refer the others to their own dentists for examinations and treatment. Since our last report the seven State school dentists have visited 377 schools in 33 counties. In addition to their teaching and their inspections made the necessary dental corrections for 20,703 underprivileged children. Simple arithmetic shows that this is almost 3,000 patients yearly per dentist and a daily average of 12 child patients per dentist. The need is for seven times seven dentists to do this work. Of course, it will be many years before such a goal can be reached but we do hope by this time next year our staff will be doubled.

EDUCATION STRESSED

To compensate in a measure for the necessary curtailment in the corrective services efforts have been made to make the educational services more effective and widespread. We have been glad to note and comply with the increasing requests from teachers all over the State for our dental health teaching materials. Our dental health news release for the school newspapers is in its tenth year. And Little Jack will soon complete his twelth year of touring the schools of the State. His popularity and influ-

ence are attested by the volume of his fan mail, by the many invitations for visits from schools and counties, and by the hundreds of visitors to his dental health exhibit and museum in our Oral Hygiene Building.

LONG TIME PROGRAM

An interesting and gratifying developement in our educational program is that it has reached the age and stage at which dividends from the work of former years are being realized. Many of our young teachers and parents were "raised on" the program, and the children in their grades and homes are benefitting from the teaching of school dentists fifteen years ago. It has been said many times that ours is a long time program. We are entering on the era to which we have been looking forward,—when the babies' and children's teeth reflect in their very structure and care the information and habits their mothers acquired in the elementary grades.

Again, we are reassured that we have been on the right track by the following statement from the above mentioned report of the Council on Dental Health.

"Indifference to dental health must be attacked as vigorously as other phases of the problem. It is well known that many persons, adults as well as children, do not seek dental care although it is available to them".

CHILDREN PREFERRED

May we take this opportunity to urge the dentists in private practice to be in a more receptive frame of mind toward child patients. We desire adequate dental care for all children of our State. We are doing our best to impress upon parents and children the importance of early and regular visits to the dental office and we commend them to you. In this connection I would like to quote some expressions of dentists as published by Dr. Maurice Leven in his Practice of Dentistry and Incomes of Dentists in Twenty States.

"While we make very little money working for children, we consider it a professional duty and feel that children are entitled to good service." "Skillful handling of a child easily wins the family." "I have no objections whatever, for I feel their work is the place to begin educating the parent how important it is to come to the dentist, and I try to make it as pleasant for them as I can".

"All dentists who wish to stay in practice should work for children".

COMMUNITY PARTICIPATION

Another phase of our State-wide dental health program to which I invite your consideration is that of the local, community participation. This could be enlarged upon, but I shall merely summarize. First and foremost, the county or city is vitally interested in the service it receives because it shares in the expense of the program. Many local groups are represented in planning for and cooperating in the program. While he is in a county the school dentist becomes a part of the local Health Department, and the Health Officer and nurses assist him while he is there and follow up his

work after he is gone. Of course, the help of the school personnel, from the county superintendent to the janitors is essential to the success of the program. Especially must we depend upon the classroom teachers.

Civic groups often sponsor the program, and the state school dentists are always glad to have the opportunity of discussing the work with them and enlisting their moral support.

And, of course, the local dental society is represented through the member of the County Board of Health. The interest, support, and help of these dental members have been invaluable. May we bespeak for the program their continued services in interpreting to their committees our plans and purposes and in keeping us apprised of the sentiments and desires of their communities.—Ernest A. Branch.

Motion to adopt the report seconded.

DR. JONES: Mr. President, as your representative on the State Board of Health I am vitally intrested in this report of Dr. Branch. In that representative capacity I am finding that the members of the dental profession are sadly lacking in being health-minded, and I should like for us to be a little more health-minded, than we have been in the past. Dr. Branch is doing a great work in the schools, among our children. That is where we get our first work done, among our little ones. I happen to know that we can get this report into the hands of our members without expense to the Society, and I should like to move that Dr. Branch be instructed to have this report mimeographed and put into the hands of every member of the North Carolina Dental Society, or of the dental profession, without expense to the Society.

DR. JACKSON: I heartily indorse Dr. Jones motion and should like to second it. I think it would be of a good deal of benefit to the members of the North Carolina Dental Society to receive this report.

PRESIDENT MEDLIN: I think we could combine those two motions, to adopt the report and to distribute it in mimeographed form, and vote on them at once.

Motion put to vote; carried.

DR. A. C. CURRENT, CHAIRMAN: Mr. President, I am ready to present the report of the Advisory Committee to the North Carolina Medical Care Commission.

A MEMBER: I move that the meeting adjourned after the reading of Dr. Current's report.

PRESIDENT MEDLIN: We will hear Dr. Current and then adjourr The other reports will be heard tomorrow.

DR. CURRENT:

REPORT ADVISORY COMMITTEE TO MEDICAL CARE COMMISSION

Your Advisory Committee to the Medical Care Commission has given consideration during the last year to the provisions for the education of dentists in the United States and to the dental needs of the American people, with special reference to the situation in the State of North Carolina. The Committee cannot in this brief report present the extended details of its findings. The general observations the Committee wishes to present can readily, it believes, be substantiated by ample factual evidence. These observations are:

1. For the first time in the hostory of formal dental education and of the organized dental profession, the ration of dentists to population decreased in the decade between 1930 and 1940. In 1930 there was one dentist to 1728 persons in the entire population of the United States. In 1940 there was one dentist to 1865 people.

2. Competent authority predicts that the ratio of dentists to population prevailing in the decade from 1930 to 1940 is not likely to be restored before 1960.

3. In the face of this continuing deceased ration of dentists to population, and the unprecedented demand for dental care has arisen throughout the Country. This increased demand is due to the universal recognition of dental education as a university discipline, to the activities of the organized dental profession, to an awakening sense on the part of the whole people to the War, which has returned millions of the members of the armed forces to Civilian life, conscious of the benefits of scientific dental care.

4. Interests in the possibilities of dentistry as a professional career was never more menifest than it is today. The freshman classes in the 40 Dental Schools in the United States were filled to capacity in October 1946. This aroused interest in dental education, it is widely believed, is not a transient demonstration. Dental educators, generally believe, that the years ahead will witness many more claims for places in the dental schools than can be possibly met.

5. More and more becomes evident that areas and regions must take initial responsibility for the education of dentists within their borders. Dental Schools are not distributed geographically to serve the Ration on an equal basis. South of Tennessee and Virginia, there are seven states, Alabama, Florida, Georgia, Louisana, Mississippi, North Carolina, and South Carolina. These states have approximately 13% of the population of the United States. There are two of the forty dental schools of the Country in this area. In the absence of schools in this area, it is not surprising to find that this region with 13% of the population of the Country furnishes only about 8% of the students enrolled in all the dental schools. Moreover, the majority of those from the area, who engage in dental study, must go outside of the area to get their dental education.

6. Prospective dental students from the Southeastern section of the United States are finding it increasingly difficult to gain admission to

dental schools outside of the area. It can confidently be asserted—and additional facts can be summoned—that this section stands in great need of further provisions for dental education.

7. The situation in North Carolina is more aggravated than in the Nation as a whole. In 1940, as has been indicated, there was one dentist to 1865 people in the United States. It has been estimated that if all the dentists of North Carolina, in the service of the Armed Forces, had returned to Civilian practice as of June 1, 1945, there would have been one dentist to 3857 people in the State. Moreover, that would have left 9 counties without a single dentist, and 15 additional counties with a ration of one dentist to over 10,000 people. There can be no doubt that further provisions should be made for the dental care of the people of the State.

8. The average number of residents of North Carolina engaged in dental study during the last seven years, has been 142.It is now evident that this number can no longer be accommodated in the schools which has hitherto generously received North Carolina students.

The Committee is prepared to sustain the observations here made, and is fully convinced that the dental needs of the people of North Carolina, and the proper advancement of the profession of dentistry, as an agency of public health, called for the establishment of a Dental School within the borders of the State. Your Committee, therefore, recommends the adoption of the following Resolutions by this House of Delegates:

RESOLVED, That it is the judgment of the House of Delegates of the North Carolina Dental Society that provision on a university level should be made for dental education within the State.

RESOLVED, That it is the judgment of this House of Delegates that provision for dental education should be established in the Greater University of North Carolina.

RESOLVED, That a Committee of Five be appointed to study this situation further in all its details and to seek opportunity to lay the matter before the authorities of the University.

RESOLVED, That the Committee seek the aid of the Council on Dental Edcation of the American Dental Association in assembling facts concerning plant, equipment, faculty, capital, and maintenance costs, and other issues involved in the establishment of an outstanding Dental School.—A. C. Current.

PRESIDENT MEDLIN: Is there any discussion?

DR. JONES: Mr. President, I think this matter is of such importance to the members of the dental profession that we probably should have this report read to the members in the general session. I should like to suggest or move that Dr. Current be given time on the program at one of the general sessions to present this report to the membership at large.

PRESIDENT MEDLIN: I have been approached about this, and it seems to me the time to do that is tomorrow evening, just before the election of officers. While we are getting our election machinery set up there

is a little interval there, and I think Dr. Current might present the matter to the general session then. It will probably not be necessary for him to read the entire report. If there is no objection it will be read at that time.

DR. JONES: I suggest that it be read between lectures, because tomorrow night a great many of the members will be leaving and the minds of those present will be more on the election than on anything else.

DR. KISER: Do those figures as to the ratio of dentists include the Negro population?

CHAIRMAN CURRENT: Yes, colored, white, and Indians.

PRESIDENT MEDLIN: How would it be to recognize Dr. Current this evening, just before Dr. Hardy?

QUESTION: Would this proposed dental school include a school for dental hygienists as well?

PRESIDENT MEDLIN: We will need to get the school first.

Are you ready to vote on the adoption of the report?

A MEMBER: Question!

Motion to adopt put to vote; carried.

PRESIDENT MEDLIN: We will adjourn now, gentlemen. I ask you to assemble promptly at four-thirty tomorrow afternoon, because we have a large number of reports to read.

Thereupon, at 6:45 o'clock p.m., the first meeting of the House of Delegates adjourned.

MONDAY EVENING SESSION

May 5, 1947

The members of the North Carolina Dental Society assembled in the ballroom of the Carolina Hotel, in general session, and were called to order at eight-twenty o'clock p.m. by the President.

PRESIDENT MEDLIN: The meeting will please come to order.

Before Dr. Hardy comes on there is a matter which Dr. Current will bring before you. This is something which is of vital importance to the profession in this State. It will take only about three minutes, and we will then proceed with the evening program. Dr. Current.

DR. CURRENT: Mr. President and members of the State Dental Society, I am very highly honored in that motion was passed by the House of Delegates that I should bring this matter before the general session. This is the report of the Advisory Committee to the North Carolina Medical Care Commsision.

Dr. Current then read the said report.

I thank you very kindly for this instrusion upon your time. I hope you gentlemen will take this information home with you, ponder it, and talk about it.

PRESIDENT MEDLIN: Thank you, Dr. Current.

Our Secretary has a message which he will read.

SECRETARY SANDERS: Mr. President, I have here a wire which has just been received:

Washington, D. C., May 5, 11:15 AM

Dr. Erbie M. Medlin, President,
North Carolina Dental Society,
Carolina Hotel, Pinehurst, N. C.

Regret exceedingly inmportant unexpected developments here in Congress prevent my attendance North Carolina. Best wishes for most successful convention.—C. Willard Camalier.

The Secretary then made some announcements about features of the program.

PRESIDENT MEDLIN: I now recognize Dr. L. G. Coble, of Greensboro, who will present our essayist for the evening.

DR. COBLE: Mr. Chairman, ladies, members, and guests, it gives me unusual pleasure to present the speaker this evening because I have derived more from his work in prosthetics than from any other dentist. Dr. Hardy graduated from Tufts College Dental School, in Boston, and practiced in Massachusetts for ten years. He then moved to New York and practiced nearly twenty years in New York City. He is back now in Boston and is head of the Department of Prosthetic Dentistry in Tufts College. He has been an officer in a number of dental societies and is at present Vice-President of the Academy of Denture Prosthetics. Dr. Hardy spent last summer in Europe, in making some investigations of dental education. I think you all know that he designed the most natural-looking tooth or set of teeth. He has chosen for his subject this evening some very interesting points to discuss, especially how much to "open the bite". That is a most important question, and he has answered it.

I say again that it gives me unusual pleasure to preseent Dr. Irving Hardy, of Boston.

DR. HARDY: Mr. President, Dr. Coble, ladies and gentlemen, and members and guests of the Society, I am very happy to be here again in North Carolina. I was in your State some seven or eight years ago, very happily, not in this town but in some other town; and I think it was most gracious of you to ask me to return.

Being from Boston, I hope that next summer when you come to Massachusetts we can make you just as heartily welcome. We Yankees are not bad guys when you get to know us. While our reception may not be quite as cordial, yet I think you will enjoy your stay. New England has many historic spots, and I hope you will have time to visit some of them, besides

attending the dental meetings. I believe you will have a very pleasant time-that is, provided you get a roof over your heads.

I was asked to come down here and talk about full dentures, which I shall do now.

FULL DENTURES

Full dentures have a very important place in denture construction, and the time will come when they will be more important than they are now. That is true because we are becoming a nation of old people. (If you do not believe that, look at your speaker.) In other words, we are going to have in our population more and more older people; and it is probably safe to assume that there will be a large portion of the population of this country who will be edentulous, though I think we may assume that a large proportion of the younger people will have good teeth.

It is more difficult to make artificial teeth for older people and more difficult for them to get adjusted to them. They have to form new eating habits.

I shall speak first of the posterior teeth, though they do not come first into the picture. It is, of course, not at all to be wondered at that the early makers of artificial teeth made them shaped as nearly like the natural teeth as they could. Nobody thought the thing through. In 1928 Dr. Victor Sears thought up the first nonanatomic artificial tooth. Then other capable men, like Dr. Hall, tried out other forms of nonanatomic artificial teeth.

I think I have one set of teeth in a mouth-- only one set-- that I believe chop up the food as well as the natural teeth. In fact, I should not be surprised if that particular set of teeth chop up the food better than the natural teeth. That is still in the back. But better nonanatomic teeth will come.

If you are afraid that nonanatomic teeth do not chew up the food, please disabuse yourself of that notion, because at a test made at Houston it was proved to the members of the American Prosthetic Association present that they are just as efficient. All these teeth were set up by experts. All were worn by the same patient, and the patient chewed the same number of times, and the nonanatomic teeth proved to be better.

At the same time I am using a great many achromic teeth. They are nonanatomic teeth made in porcelain and nonanatomic teeth made in acrylic, so you can take your choice.

I think we have arrived at a fairly systematized method of measuring the opening. We have arrived at it by this method, which I think was first tried by Dr. Mismont(?) of Detroit. He brought to our attention the fact that there is a rest position which he says is assumed voluntarily hundreds of times a day and which he said could be assumed by the patient. Take an indelible pencil and make a little mark on the tip of the patient's nose and a little mark on his chin, then have him open his mouth as wide as possible and then close it gently. Measure that--do it several times. You will find that he will come back naturally to a certain position. Build your

dentures with three millimeters of space. If you have a very old and infirm patient (I know this will not happen with you, but some of my lower dentures do not stay down all the time) give four millimeters of space.

Thompson, in the January, 1946, issue of the American Dental Association Journal, carries that rest position not only in full dentures but I think in periodontia and other procedures about which I do not know much.

That rest position is very important. Leave that three millimeters, and you will keep yourself out of trouble.

Further corroboration of these statements you will find in writings by Schuyler.

How do you select an anterior tooth? Select anterior teeth that are not too flat on the labial surface, because if they are too flat they tend to reflect light and do not look natural. Some natural teeth, of course, have a flat labial surface and reflect light, but you are not working with natural teeth but with artificial teeth.

Also, use artificial teeth of sufficient size. When the teeth are too small it places the cuspids too close to the center line and makes the posterior teeth too prominent. The patient gives the effect of a mouth full of teeth. If you use teeth of sufficient dimension the posteriors are masked by the cuspids, and you get a pleasant effect. Feel your own cuspids. Don't they stick out? Put your artificial cuspids out there, too. It will make a much more natural effect.

I have some slides I want to show you now, if someone will turn off the lights.

Dr. Hardy then showed his slides, which he accompanied with a running discourse.

PRESIDENT MEDLIN: I want to say that we are very glad to have Dr. Hardy back on our program. He was with us in 1942, and we are happy to have him back with us and certainly thank him for the fine talk he has given us.

Don't forget the picture that Sandy Marks is going to run. It will take only twenty minutes. It is an official picture of the A.D.A. That will begin immediately after we adjourn.

Whereupon, at 9:15 P. M., the evening session adjourned.

TUESDAY AFTERNOON SESSION
MAY 6, 1947

On Tuesday afternoon, May 6, 1947, the North Carolina Dental Society convened in the ballroom of the Carolina Hotel and was called to order at 2:15 o'clock.

PRESIDENT MEDLIN: Gentlemen, the meeting will please come to order.

The first part of our program this afternoon is group forum discussion, and for that I will turn the meeting over to Dr. J. Donald Kiser, General Program Chairman.

CHAIRMAN KISER: Mr. President and members of the North Carolina Dental Society, again we have come to this part of our program, which proved to be a very popular feature last year. It gives all of us an opportunity to bring up our problems in any particular phase of dentistry and have them discussed by experts in various phase of dentistry. We have present this afternoon Dr. W. H. Canavan, who will answer questions on "Local Anesthesia, Minor Oral Surgery"; Dr. B. F. Sapienza, on "Cast Gold and Veneer Crowns." Also Dr. Hardy on "Full Dentures." We should like for you to confine your questions to the subjects as listed in the program.

Dr. T. E. Sikes is the Chairman for Group I and will preside during the discussion on local anesthesia and minor oral surgery.

Dr. Sikes, I now turn the program over to you.

CHAIRMAN SIKES: Thank you, Mr. Chairman.

Gentlemen, as I understand it, this is to be a discussion of pre-operative and post-operative problems. We are ready for the first question on anything pertaining to local anesthesia and minor oral surgery.

QUESTION: When do you consider general anesthesia indicated in your office?

DR. CANAVAN: I think that general anesthesia is indicated where there is an infection and in traumatic injury in an automobile or car accident. Where there is any involvement of the submaxillary glands, where free pus is present, and a great deal of swelling, I think a general anesthetic is indicated. I would definitely refrain from injecting any substance such as procain into or around the field at that time. General anesthesia is also indicated, in my own practice, for any highly excited or nervous patient who will not tolerate any anesthetic where the injection of the needle has a genuine psychic or physical reaction. I think it will be better to put them to sleep and do the job well. You must, however, consider the indications and contra-indications of the patient at the time. There are no set rules, and you are the sole judge.

QUESTION: As to the use of general anesthesia in the office, do you not think there is danger of getting into the habit of using it too promiscuously and that there is danger of lung abscess following the use of general anesthesia or analgesia for minor operations?

DR. CANAVAN: That brings us back again to another point. I believe in order to be successful in general anesthesia a dentist should have a definite training and should have ample assistance--two other people to assist him. He should use all the precautions necessary, such as throat blocks, etc. He should be skilled in the interpretations of the physical aspect of the patient approaching the deeper stages of analgesia and should be able to recognize the difference between analgesia and asphyxia. I believe, as I said yesterday, a man should be qualified to operate under general

anesthesia in his office; but he is much better off, if he has difficult cases, to refer them to the exodontist or the surgeon. The inhalation of foreign bodies is a dreadful subject to think about, particularly where you have seen the vicious results of lung abscess following the inhalation of pieces of broken teeth, fragments of bone, etc. Sometimes a piece of a bridge has been chipped off and inhaled and sets up a foreign-body abscess. The picture clinically is a poor one. The patient sometimes has to go through the stage of collapsing the lung. As you all know, empyema is nothing to be fooled with. The resection of two or three lobes and the use of large quantities of penicillin or sulfa leaves the patient debilitated for a long time. So have everything ready--have everything ready for any emergency that might arise, because if a man is qualified and has plenty of help he is in much better position to meet any complication that may come up.

QUESTION: In oral surgery do you feel it is necessary or advisable to premedicate all patients?

DR. CANAVAN: I see no reason why we should not premedicate them. Physicians do. Premedication is indicated, I believe, particularily in case of local anesthesia but does no harm, usually, in general anesthesia. Of course, if you take in patients off the street, as many men have to do, premedication does not always work. I would not advise premedication for a woman alone; I believe someone should come with her. I have witnessed two or three accidents, where nembutal was given and the patient went out alone and ended up on the sidewalk. I believe a grain and a half of nembutal the night before and the same in the morning is a great help. I am definitely in support of premedication.

CHAIRMAN KISER: This question has been handed to me: "You spoke of heart infection yesterday and also mentioned penicillin. There are two schools of thought in the use of penicillin. Some people play with it, and some people give the correct dosage. I should like to have your opinion on that."

DR. CANAVAN: I do not feel that I am really qualified to give you an exact opinion on penicillin at this time. Where there is an infection we are interested in that. I do know, however, that at Massachusetts General Hospital the resident cardiologist there and whom I have been interested in seeing a good deal and who has talked on programs for me, seems to think that a large dose of penicillin is much more to the patient's advantage than several smaller doses. That is in case of acute infection, say a large alveolar abscess, with definite involvement of the submaxillary glands or the sublingual glands--100,000 units administered three hours before the operation and then 300,000 three hours after the operation, and then repeat the latter dose twenty-four hours afterward. That is administered in the muscle, which seems to be more efficacious than oral administration.

I believe the 100,000 three hours before and then the 300,000 will do much more efficacious work for you and you will have very definite results. In two cases that I have worked on within a short time I had one striking incident. Both were operated on in the office. I called at six o'clock that night; and each of the patients, one a man of around forty-five and the

other a man of around forty-two, said he had had a slight chill just before six o'clock. I do not know what significance that might have whether the peak of infection had been reached, or not. I am very much in the dark about it; and, as I said, it is a subject that will require much more than the average M. D. to decide. However, we are getting definite results in subacute bacterial endocarditis. In any case you know of you prescribe penicillin, because it is known that it does give results.

I think I have covered it as best I know how, gentlemen.

CHAIRMAN KISER: Doctor, some men think that a small dose of penicillin immunizes a patient against a large dose. I should like to have your thought on that.

DR. CANAVAN: I do not know whether it definitely would or not; but it seems to me that when a man like Dr. Paul, who is a resident cardiologist at a large hospital and has a national reputation, believes in making the initial dose a large dose there must be something to it. Within three weeks, he told me, he had six cases of acute bacterial endocarditis, and every one of those people had had from four to twenty teeth out, and there was only one fatality.

CHAIRMAN KISER: Here is another question that has been handed to me: "Some patients are not aware that they are diabetics. What precautions do you take in your office in handling these cases?

DR. CANAVAN: Well, it is possible that I would see what their blood sugar is on that day, if I could. I would advise anyone, not only with diabetics but with any patient over forty, I would say sincerely that you would be safe in not taking more than four or five teeth out at one sitting. That might be your best precaution. I would work along in conjunction with the physician, who would see what the blood-sugar level is, say at two and one-half hours. Some people prefer a general anesthetic. I personally prefer a local anesthetic and a small amount of epinephrin, and not too much trauma and not too prolonged; and I would watch them for twenty-four hours for any unfavorable indication.

CHAIRMAN KISER: Another question: "Would you consider extracting teeth from a patient who is known to have a rheumatic heart?"

DR. CANAVAN: That is just what I have told you. I would insist on a dose of penicillin whether I were going to remove one, two, or five teeth.

QUESTION: Nowadays a lot of 4 per cent procain solution is being used. What is your opinion as to the use of 4 per cent and 2 per cent?

DR. CANAVAN: Well, I use it myself, Doctor, so I stand convicted, but I really do not think you need it. I know a concern in Philadelphia that makes a 4 per cent solution, and I have used it on some deep impactions, but I get along with a much lighter solution. While I did not have any untoward reaction that I knew of, yet there might have been something that I did not know anything about. A 1.5 per cent solution is what I am using, and seem to have a fair amount of success with it.

QUESTION: In controlling hemorrhage what do you advise? What is the best thing nowadays to control hemorrhage.

DR. CANAVAN: If it is an ordinary hemorrhage due to misplaced tissue, loss of bone, etc., and the patient has no history of hemophilia, I would say that Gelfoam mixed with thrombin seems to do well. It expands and stops the hemorrhage. If the patient is a true hemophiliac you have to use other measures. We had one particular case, a boy twelve years old, who had hemophilia. It was necessary to transfuse him with whole blood before the extraction and transfuse with whole blood after the extraction; and then, even with fibrin, he had a lot of seepage after the extraction. That boy was a known hemophiliac. For the ordinary case Gelfoam in thrombin, with saline as the base, will control hemorrhage.

QUESTION: What is your treatment for so-called dry socket?

DR. CANAVAN: We do not see so many of those today. I think dry socket originally was caused by too much washing or rinsing of the mouth. Since the dentists have been instructed just to put a pad of sterile gauze soaked in salt solution on the socket there do not seem to be the dry sockets we did have. They are miserable things; they are practically gangrenous. The patient is sick; there is a fetid odor from them. Curettage is done. A friend of mine devised a preparation of benzocain, two parts of benzocain and two parts of aristol and enough liquid petrolatum or mineral oil for a base. That is introduced into the socket gently on a 5% iodoform strip, not packed in. When you start packing a socket you are making a plug. Just introduce it gently, and follow up the treatment outside with the infrared lamp. You can use some penicillin or sulfa, but they do not seem to relieve the pain like benzocain-aristol mixture. It is old-fashioned, but after a patient has had two or three stormy nights then it does well. We must not disregard the old empirical remedies. There is nothing better than Epsom-salts solution, pads soaked in hot Epsom-salts solution and applied to the face. Heat and cold are nature's blessings to mankind. Also Epsom salts taken internally, especially if there is costiveness, if the patient has not been to stool for two or three days. We are taught, also, to use less force. Too much force may be a factor, too, in causing temporary ischemia or anemia of surrounding blood vessels.

QUESTION: Do you ever use any vasoconstrictor in case of hypertension?

DR. CANAVAN: No, I do not. I use adrenalin solution; have used that with hypertensive patients. As I say, I confine the operation to two or three or four teeth, do as little trauma as possible, and give the patient time to rest before doing anything further.

QUESTION: What is the chemical or biological action on the nerve or sheath from an alcohol injection for neuralgia?

DR. CANAVAN: For neuralgia or tic douloureux—in thirty years I have had only a few cases. We seem to get the best results from novocain and alcohol. The only thing I can say, and I am unable to answer your question clearly, is the biochemical action is in the nature of an anesthetic,

first by the novacain and then by the alcohol. Dr. Harvy Cushing, with whom I was very fortunate to have some work, urged me never to repeat the injection earlier than eight or ten months, but it seemed in some particular cases the recurrence or wearing off of the anesthetic result took place much sooner; instead of lasting six months it got down to four months or three month. Finally, in one woman, it got down to about six weeks. She was being prepared by a doctor at the Lahey for resection of the nerve when she died. I am not prepared to say what action the alcohol has except that it must be an anesthetic, dulling the peripheral nerves.

QUESTION: Do you mix the novocain and alcohol together?

DR. CANAVAN: Oh, no, never do that, Doctor. Inject the novocain first and wait fifteen or twenty minutes; wait until you get all the definite symptoms of anesthesia—wait until you get tingling on one side of the tongue. Even then I would wait ten more minutes. Then inject about two c.c. of absolute alcohol very, very slowly. Never inject it, of course, without the novocain; if you do, the patient will go absolutely crazy. It is an important thing to make that nerve test, to wait until you have definite anesthetic symptoms.

DR. SIKES: In your paper yesterday you mentioned the infra-red lamp for use in applying heat as a pre-operative measure. Will you discuss that a little further?

DR. CANAVAN: I do not think I said pre-operative; I said post-operative. It is a form of heat and has the heat localized. I never mentioned it as a pre-operative measure. It is certainly a postoperative measure and must be regarded as such.

May I say something?

CHAIRMAN KISER: Yes, indeed, sir.

DR. CANAVAN: I would ask the men here to take an earnest interest in forming in their locality a study club. There are always one or two men in a neighborhood who are ahead of the game and are interested. If you want to get somewhere, form a study club. Have it not too large, and have the social aspect of it after the meeting—not before. Make the members attend; make them be in earnest; make them dig up something for their own particular good. You can learn something from everyone. Every man here can learn something from a man digging a trench or a ditch. That is one thought I should like to leave with you. I should like to see every man in this group here today write his own prescriptions for his own drugs. I think there is too much depending on samples that the salesman left and too much dependence on saying: "Go down to Joe's drug store and get this."

CHAIRMAN SIKES: This question just came in: "Some men do not advocate the giving of salts to a patient in the fever stage; in other words, they contend that a patient should retain all the fluids possible and many times give glucose and saline. Why do you advocate the use of salts in infection?"

DR. CANAVAN: Where there is infection, definitely, and there is a costive stool, (and patients who have fever are usually constipated, and they pass those hard, brick-like substances that are not definitely helping the elevation of temperature) I think a dose of salts is helpful. Force the liquids after giving the saline, give fruit juices, etc. Free catharsis never hurt anybody; I know that.

GENERAL CHAIRMAN KISER: Thank you very much, Dr. Canavan. We are just a little bit selfish, I am afraid, gentlemen, and when we get a man of Dr. Canavan's caliber we are anxious to get all the information from him that we can.

For our next discussion there will be a substitution. Dr. Current, who is named in the program as the chairman of Group II, is acting as host to Dr. Horner, with regard to the establishment of a dental school. We have, however, an excellent substitute in his place. Dr. Z. L. Edawrds, of Washington, who will act as Chairman, and Dr. Sapienza is our guest and will answer some questions. Will Dr. Sapienza come to the platform, please?

Dr. Edwards, I will turn the program over to you.

GROUP CHAIRMAN EDWARDS: I was very much impressed with what Dr. Kiser said with reference to the differences of opinion and understanding. It has been my experience that, regardless of how few or how many are gathered together and regardless of what subject is being discussed, there will always be differences of opinion.

After listening yesterday to our guest speaker, I am sure you will agree that he comes under the classification I once heard given to one of our men, who was said to be "a man of much verbiage". So I think he will be prepared to answer your questions, whether you agree with him or not.

Let's have a question.

QUESTION: What do you think about pins for retention?

DR. SAPIENZA: Wonderful. You can get the greatest restoration in the world if you are careful and use sound judgment. The only thing about pins, when you start drilling your pin holes you wonder where the pulp is. If you pull the burr out, and the burr is a little bit red, then the thing has gone to pieces.

QUESTION: Yesterday you told us about how much cement to put in a crown before setting the bridge. Will you go over that?

DR. SAPIENZA: That question, I believe, came up when I was discussing the way these Texas boys go overboard in putting a hole in the crown. You want to make sure all the cement is out and your restoration has gone to place. Where you have trouble in places like that usually you are using the two-cusp crown on the cast crown. If you trap air in that crown you are in a mess. You would not get it down even if you would use a sledge hammer. First, you want to be very careful in getting the cement down. Start the cement down the side gently and make sure you do not trap air in the bottom of it. Put in enough cement to make sure the crown is

absolutely flush. I do not care what technique you use, the crown can go down on that tooth a certain distance. If there is an opening there, there will be a continuous flow of cement. The moment that crown comes in contact with that molar, unless you have air trapped, there will be a flow of cement to the side. The question comes up as to how you get that crown down; shall you hammer it down, or what? When I have my bridge almost down I take two fresh cotton rolls of identical size and have the patient bite as hard as he can possibly bite. A lot of cement will come out, and then you can tap it down. I have had a lot of wonderful results that way and do not have any troublewith the bridge going into place.

QUESTION: You make an effort to keep it dry, don't you, after they bite on the cotton?

DR. SAPIENZA: No, after I pull the cotton out I make them keep the mouth open, and it takes quite a while for the mouth to fill up with saliva. Then I have my fresh cotton rolls ready and have them clamp down again. I do not worry about the saliva.

QUESTION: Yesterday you brought out that you cut the gums back where you have the teeth worn down considerably. Don't you sometimes run into a situation where you have a large convex on the labial, so you cut into the pulp when you try to cut down?

DR. SAPIENZA: Doctor, we have heard a lot about bell-shaped teeth. We were told in our college days to watch out for them. But that is all nonsense. Usually that bulge is a very heavy enamel that you know you are cutting through. You continue to cut through the enamel until you know you are getting into the dentine, and you still have a little bit more to cut.

CHAIRMAN EDWARDS: We have this question, Dr. Sapienza: "Would you describe your treatment of the case of a very young child who accidentally loses a tooth? What is your procedure in that case?"

DR. SAPIENZA: Well, if you could show me a definite case I could tell you. Make a careful survey of that mouth. You know if you are going to replace that tooth some cusps in some part of the mouth will have to be sacrificed. Something will have to be sacrificed. You take an impression and design little rests or clasps for these little openings between the teeth, with rests everywhere you can get them. Sometimes you find you can put a little rest on the distal of a cusp or a bicuspid. Then you can design a tooth and replace the tooth without cutting into the tooth structure.

I will tell you what a problem the dentist in Hollywood had with little Margaret O'Brien. You know very well that Metro-Goldwyn-Mayer could not hold up a $25,000-a-day production waiting for Margaret O'Brien to grow teeth after she lost her baby teeth. He just had to make several appliances and put them in when necessary.

QUESTION: You say you put your abutment on with cement. What would your temporary cement, so to speak, on a pontic?

DR. SAPIENZA: The only thing that I do, instead of filling up the pinholes of pontic, I do not fill them at all. It makes it easier to get the cement in there. It is a temporary bridge all around. I do not use temporary cement. I just catch the edges and hope it will stay there.

QUESTION: Dr. Sapienza, would you discuss soldering a bridge, say an individual four-point bridge?

DR. SAPIENZA: Well, I never was in favor of castinga bridge in one piece. I believe in soldering one contact point at a time. If I had a four-tooth bridge my first procedure would be to solder the contact next to the molar, then jump over to the bicuspid. Then end up by soldering the point in the middle of the bridge.

QUESTION: At what age would you say it is safe to use three-quarter crowns?

DR. SAPIENZA: Sometimes it is safe to make three-quarter crowns for a kid sixteen years old, and sometimes it is unsafe to make them for a person fifty-eight years old. Make a careful study of the X-ray and see where the pulp is and exactly how much room you have for your three-quarter crowns.

DR. A: Doctor, did I understand you to say yesterday that Dr. Herbert Johnson made the first bridge?

DR. SAPIENZA: Dr. H. H. Johnson, of Macon, Georgia, soldered the first bridge in 1833. That is according to my study of history.

DR. A: That is not true, according to Dr. Johnson. He said he saw two bridges soldered in his senior year in dental college.

DR. SAPIENZA: I am glad to hear you say that. I can oly repeat what I have heard.

DR. A: There are several classmates of mine who can corroborate that.

DR. SAPIENZA: I think if you will check back on the literature you will find it states what I have said. All the data I gave you yesterday I have collected over a period of years. The only thing we can go by is what somebody has told us or what we read. There are a lot of tales as to who first made this or that, but we do not know. As to the gold crown, there was a crown made in San Francisco in 1833. In 1863 a man in St. Louis made a crown of solid gold. At the same time, over in Sweeden a man by the name of Gustav Larsen made one. We do not know which one of them made it first, but that is not really important.

QUESTION: Is there a satisfactory way of removing a crown from a tooth if you wish to preserve it?

DR. SAPIENZA: Yes, you can cut it off. Use air on it, so the patient will not feel pain. In any machine shop to which you go, you can see the man boring holes in the hardest steel and he has a little can of oil. One of the biggest mistakes we make is drilling holes so fast we heat. Start your burr and use a little cocoa butter on the end to lessen the friction.

In the three-quarter crown, I find the best way to remove it, especially if you do not wish to knock off a cusp, open it from behind.

QUESTION: How would you make a replacement on the occlusal third on the right central incisor of a child nine years old?

DR. SAPIENZA: If there is ever a spot where acrylic might come in handy it is there. Use the X-ray and make an outline of the situation. Cut the side walls with the joe-dandy disk. Cut over the lingual and cut off the lingual bulge. See how much space you have to work in. Make an impression then. You can use acrylic, or porcelain. Of course, these restorations are not going to be satisfactory; this will have to be explained to the parents. But be sure to stay away from that pulp.

DR. BRANCH: If you have four incisors what do you do?

DR. SAPIENZA: I suggest a double abutment on the bicuspids first and then with a rubber dam include both bicuspids. I do not hesitate to make a double abutment on bicuspids. As long as I have to cut two teeth, then I will cut both bicuspids and solder them together.

QUESTION: Would you make an inlay on that second bicuspid?

DR. SAPIENZA: When you say inlay do you mean an M.O.D. or a two-surface inlay?

MEMBER: M.O.D.

DR. SAPIENZA: If you use an M.O.D. you are protecting your surfaces from future decay. If you do not protect all surfaces of the tooth, you are inviting trouble I may be screwy on this point but I had rather be screwy than lose a tooth prematurely.

QUESTION: Do you ever put acrylic up in the root socket?

DR. SAPIENZA: No, sir, I do not. The thing I am trying to bring out is this, to show you how inconsistent we are in our profession. I tried to give you some inconsistencies yesterday. It does not make sense to me, because acrylic will nevter take the place of enamel where fixed bridge work is involved. We went from the hardest gold that could be developed to acrylic, which can be scratched with your finger nail.

QUESTION: Do you ever use a nonvital tooth for an abutment?

DR. SAPIENZA: Yes, sir, I certainly do. If I have four anterior teeth missing and have one cuspid present and that one cuspid is dead, I am not going to let anybody take it out. If you have a tooth that is exposed or have a bad tooth that is of no value to you, say you have a lower first molar that is exposed and that is of no value to you, then take it out. But if that tooth is of vital importance to you, if it makes the difference between a fixed bridge and a removable bridge, then do not take it out. Nature walls off a certain amount of infection, and I will take my chances with one bad tooth.

QUESTION: Take a case where you have a lower first or second molar out, say you have a lower first molar out and have a good fixed bridge. Would you advise the patient to continue along that line or advise the patient to have that bridge taken out?

DR. SAPIENZA: No, Doctor, I would leave that bridge in there. I presume you are talking about a unilateral case. They are the toughest things in the world. I have never seen a unilateral case, no matter how it was designed, that is successful unless you have plenty of force on the other side.

DR. C. W. SANDERS: What is your procedure in protecting that tooth after the preparation is made in the posterior part of the mouth, after you cut the molar and biscuspids down? How do you protect that from heat and cold?

DR. SAPIENZA: You have all heard of Octavus Roy Cohen In 1921 or 1922 he decided he wanted me to make a bridge for him. I decided to cut those teeth down. He had the most sensitive teeth in the world. This tooth was so sensitive that Roy could not sleep, and I tried everything I could think of. Finally, I went to the supply house and bought a little gold shell crown without any cusps on it and took it back and contoured it to the gum line. Then I filled it full of cement and put it over the tooth. To my surprise the pain stopped. When Roy came back I would tap it off with the crown remover. About that time I went to a meeting and saw some little aluminum shells. I bought some and took them back for the purpose of protecting these teeth. Whether I was the first one that did it or not, I couldn't say, but everybody is using them now. I suggest that you buy those aluminum shells by the carload and keep some in your office. You can contour one of these shells very rapidly and place it over the patient's tooth, and the patient may wear it a year if necessary. Say the patient has a crown on the bicuspid and one on the molar; if the tooth has been prepared properly you can tap these little shells off and lay them aside, and when you get through you just place the old crown back on. Use something to keep those teeth protected.

GENERAL CHAIRMAN KISER: I am sure we could keep Dr. Sapienza up here for the rest of the afternoon and have a grand time, but we must go on. If you have any more questions, ask him privately and he will answer them.

The next subject we are going to discuss is full dentures. This is the last subject in this open forum and will last about thirty minutes. I am going to turn this part of the program over to Dr. John R. Pharr, who will act as chairman of this section. Dr. Hardy will discuss the questions submitted.

GROUP CHAIRMAN PHARR: The first question handed me is: "Would you discuss the principle of muco-statics?"

DR. HARDY: Some people place great faith in it and have great confidence; some people take to it with almost religious fervor. It is based on this principle, that you get an intrafacial surface tension. To an extent

that is true, but it is not the whole answer. I you take a zinc cusp impression of a mouth it will have excellent adhesion. But drill a hole through the center of that and see how much of your tension disappears. At least fifty per cent disappears. If the principle of mucostatics holds water absolutely, why does the subtraction of one-one-hundredth of that rea result in fifty-per-cent loss of adhesion? So I believe that wile mucostatics is an important principle there are other things that retain a denture besides intrafacial tension, and I do not accept the mucostatics principle, pre se, as such. I believe it is important, but I do not believe it is the whole thing. I still carry my denture into soft tissue, so I have a peripheral seal.

QUESTION: I should like to know how you select the width of the anterior teeth.

DR. HARDY: I can not lay down a formula absolutely. There are formulae laid down, but I could never apply the absolutely. One of the old principles is this. You establish the width from the distal to the cuspid and from the cuspid to the distal. You measure that. The only question there is that judgment enters in as to how far you mold our your bite rim. Of course, a little judgment enters in as to the placing of that point from the distal to the cuspid and from the cuspid to the distal. I like t have them a little too large, because they can be ground down a little. I would use teeth large enough, always, and keep to a labial contour which is continuous. But I can not lay down an absolute rule for selecting them. Then, too, you can use teeth which are not absolute mates.

QUESTION: Will you compare acrylic with porcelain teeth and discuss the advantages and disadvantages of both?

DR. HARDY: Acrylic teeth are not the answers to all the faults we have in making dentures. The porcelain tooth has advantages but also some very glaring faults. One of the things I do not like about porcelain is that it is so very, very hard—much harder than natural teeth, as you know. Porcelain is too hard and also too brittle; it does not lend itself at all well to reduction by grinding. On the other hand, acrylic is a little too soft; it wears a little faster than we like, but it lends itself to grinding.

How fast does acrylic wear, as against porcelain? I do not believe there is any appreciable wear with porcelain against porcelain. But with acrylic against porcelain I believe the acrylic rear teeth, which we are using at the present time, will wear down six-one-thousandths of an inch in a year's time.

QUESTION: How do you prevent gagging?

DR. HARDY: If the patient gags while you are making the impression you can paint the palate area with one of the topical anesthetics. When placing a denture, almost always we can get away from that by getting a very intimate contact of the denture base with underlying tissue. In other words, have it so they will not gag. Sometimes you will get that post-dam seal so very, very intimate that you get a little bit of sore throat; and in that case you have to trim off a little.

QUESTION: How do you prevent warpage in acrylic?

DR. HARDY: I do not know, to tell the truth. One thing we try to do is not to overheat. Acrylic is not an ideal base, but the manufacturers are working for a better base, and undoubtedly we shall get a better one sometime.

QUESTION: What do you do when a man wears an upper denture and then, when you put in a lower one, he gags?

DR. HARDY: What is the real answer to that I do not know. Sometimes I use a roofless upper denture a large partial lower. Sometimes that gagging is just a habit, and the fellow may get better because you do something.

QUESTION: How do you establish the position of the post dam?

DR. HARDY: Have the patient open wide and say "Ah". I encroach on the soft tissue for about two millimeters, even though there is a slight motion there. I establish the length of my measure by that means.

QUESTION: Do you bring that line straight down across the palate, or do you make it somewhat heart-shaped?

DR. HARDY: No, it is pretty much a straight line from tuberosity to tuberosity. I go back two millimeters back of the notch, but I do my post-damming up where that notch is. The biggest part of the post dam is not at the posterior border of the denture but two millimeters lower.

QUESTION: What is the difference in shrinkage in different acrylics?

DR. HARDY: I can not see, frankly, too much difference in any of the recognized products.

A MEMBER: So much of the acrylic coming from the laboratory is dark—not as clear as that other laboratories are turning out. Is there any suggestion we can make to our laboratory about that?

DR. HARDY: Do you mean that is in the same make of acrylic?

THE MEMBER: It is supposed to be. We have had a great deal of that.

DR. HARDY: I do not know what the answer to that is unless in some areas they did not dope their cast very well. I am stumped on that. I thought I had all the troubles in the world, but evidently you have one here I have not had yet. I hope it will not migrate North.

QUESTION: Is there any advantage in the clear palate in the acrylic?

DR. HARDY: Well, patients always think that a denture with a clear palate is lighter in weight. If the tissues on the ridges are rather soft I would put in a clear palate, because through the clear palate I could see if I have an impingement on the base and trim it very easily. If a patient wants a clear palate I let him have it. I think it is not quite as esthetic as a pink palate if the patient throws back his head and laughs, but I let the patient have it if he wants it.

A MEMBER: Do you ever use a denture adhesive?

DR. HARDY: Yes, I do. If I have a patient who is an opera singer or an actor I would tell him to use a denture adhesive, because I do not think we could expect a denture to withstand that explosive force.

THE MEMBER: I was thinking about a preacher.

DR. HARDY: Yes, I think a preacher, too, if he is going to save souls in this sinful age, might need it.

QUESTION: How do you determine the amount a case should be post-dammed?

DR. HARDY: I do it in several different ways. I place a rather well-fitted base in the patient's mouth and determine the length of the denture. After the length is determined by the markings I have previously explained we trim the denture to that length. Before we do any post-damming I palpate the tissue in the area we are going to post-dam. How much does it compress? It compresses one millimeter. I post-dam in the sphenopalatine notch as well as across the posterior borders of the denture, half a millemeter at one point and three-quarters of a millimeter at another. After having scraped my material I heat the base plate and put it back in the mouth. If I have not post-dammed intimately enough I see under the base plate bubbles of air escape. If I see this I scrape my plate a little more and try again.

QUESTION: What has been your experience with the so-called acrylic relinings?

DR. HARDY: I have not found them as good as the manufacture has credited them with being, but they are very useful, nevertheless.

A MEMBER: Do you believe in reproducting the rugi?

DR. HARDY: Yes, in my dentures I always reproduce the rugi. In old denture wearers I do not reproduce them, because they say: "Doctor, my mouth before felt so nice and smooth." So then I grind off the rugi.

THE MEMBER: Do you reproduce by actual measurement of the cast or by the eye?

DR. HARDY: By the eye.

QUESTION: How would you take an impression of flabby tissue?

DR. HARDY: First take a preliminary impression with modeling compound. Scrape very thoroughly over the soft-tissue area. Then make a double base plate, cutting two millimeters short all around. The double base plate will lie short of that underlying tissue.

CHAIRMAN PHARR: Here is a question that was turned in: "Do you extend a lower denture below the mylohyoid ridge? If so, why?"

DR. HARDY: Yes, I do, for this reason. A book published by Wilfred Fish a few years ago told what retention you can get from the formation

of the denture base, not from the side that makes contact with the underlying tissue but from other points. He says, and I believe it, that it should be pryamidal, the cheek resting on one side and the tongue on the other.

QUESTION: Is there any advantage in using a metal base?

DR. HARDY: Yes, I think so, especially on an upper denture. If I had a denture myself, after the initial period of shrinkage was over I would prefer a metal base, for the reason these other bases are not sensitive to heat and cold. I think a person would be much happier with a denture that would conduct heat and cold.

GENERAL CHAIRMAN KISER: May I take this opportunity to thank you, Dr. Hardy, and to tell you that we have certainly enjoyed this question-and-answer period. We appreciate your entering into these general discussions.

President Medlin has done such a fine job of running the meetings on time that we do not wish to spoil it, so I will turn the meeting over now to Dr. Sanders, who has an announcement to make.

Secretary Sanders made an announcement about the banquet.

SECRETARY SANDERS: It is a pleasure at this time to present to you Dr. William D. Lanier, of Richmond, who is Chief of the Dental Division of the Veterans Administration Branch Office No. 4. Dr. Lanier.

DR. LANIER: Mr. Secretary, members of the North Carolina Dental Society, guests, ladies, and gentlemen, just a year ago I appeared before your Society for the purpose of presenting to this organization a plan adopted by the American Dental Association for the treatment of service-connected dental disabilities on a fee basis. Your President, in order to continue A.D.A. policy, appointed a committee to handle this program. That committee has rendered exceptional service and has been cooperative in every manner possible. In order that you may get a picture of a survey made in the last six months of our program for veterans I am going to give you a few facts before reading a paper which I have prepared. It is a short paper and will not take long. But I do want to say that in my branch area at the present time there are pending 15,000 applications that have not been acted upon yet. In the month of March, the last complete month, the Veterans Administration had paid to the participating dentists in this area $262,005.50. $70,000 of that has been paid to North Carolina dentists. You can see that this program has extended far beyond what we really intended or what we estimated. For the six-months period there was $18,000,000 set up for expenditure for participating dentists. We expended that money in four months and had to go back to Congress and ask for additional funds, which have been granted. That will show you how great a problem is facing the Veterans Administration in furnishing this treatment.

DENTAL SERVICE FOR VETERANS*

The Department of Medicine and Surgery of the Veterans Administration, cooperating with the American Dental Association and the State Dental Societies, has devised a plan whereby service connected veterans

*Read before the North Carolina Dental Society, Pinehurst, N. C. May 6, 1947.

can receive dental treatment by ethically and professionally qualified civilian dentists on a fee basis. All states and the District of Columbia have approved this plan to bring home-town dental service to veterans.

In the Branch No. 4 area, which is comprised of the states of Maryland, Virginia, West Virginia, North Carolina and the District of Columbia, this plan has been in operation since September 1946. Sufficient time has elapsed since its inception to make a survey of these activities and a partial determination as to progress made in accomplishing our objective of furnishing the highest quality of dental service to more than a million potentially eligible vetreans. Since organized dentistry has become an important part of this program, and in all fairness to these dentists, the dental service of the Department of Medicine and Surgery should furnish necessary instructions and assistance in every available manner possible. From past experience this is best accomplished by personal contact, by attendance of state, district, and other organized group meetings.

A review of recent developments in connection with this plan will furnish important information for future guidance and the development of a better understanding on the part of the civilian dentists who are participating in this plan.

1. How well is this program operating?
2. Have the civilian dentists been furnished the proper instruction and assistance to insure a workable understanding of this plan?
2. What difficulties have been encountered to prevent the successful operation of this plan?
4. What complaints have been registered by the veterans to this method of dental service?
5. Are the veterans receiving prompt service from the civilian dentists?
6. What complaints have been received from the civilian dentists?
7. What has been the response from the ethical civilian dentists in becoming a part of this program?
8. Have the advisory committees from the State Societies assumed the responsibilities imposed upon them by furnishing assistance to the civilian dentists?

1. How well is this plan operating?
There are on duty at the present time in all VA installations in this area 56 full time dental officers, and our records show that 2,345 civilian dentists have been appointed on a fee basis. Twenty-six full time officers are performing administrative duties and 19 are on duty in VA hospitals, making a total of 45, which leaves only 11 full time operators to furnish dental treatment for out-patients in the regional office clinics. Four of the regional office clinics are now in operation

but the Roanoke VA office has not been completed. Although six additional sub-regional officers have been authorized, they are not yet under construction. Therefore, the civilian dentists are now rendering almost the entire amount of actual operative dentistry for veterans receiving out-patient treatment.

2. Have the civilian dentists been furnished the proper instruction and assistance to insure a workable understanding of this plan?
An illustrated pamphlet of instructions containing VA forms necessary in authorizing cases has been supplied each civilian dentist when appointed. Representatives of the Dental Division and the regional officers have appeared on the programs of state, district and local societies, explaining in detail regulations and procedure and answering questions emitting from the floor. Individual letters received from paticipating dentists have been answered promptly giving the information requested. Contacts have been maintained with the state advisory committees and state societies for colored dentists as well as the National Dental Association.

   Contact representatives of the Claims Service of the VA in each district have received instructions relative to the dental plan and furnished a list of the participating dentists in their district. Thus, they may ably assist the veteran in filing his application and selecting the fee-basis dentist he desires to render his service.

3. What difficulties have been encountered to prevent the successful operation of this plan?

   Last month there were 14,144 cases pending authorization and 5,819 new applications were received, making a total of about 19,963 cases requiring treatment. The VA clinics completed 550 cases during the month. The balance, or 15,721 cases, would of necessity have to be allotted to the civilian dentists. At these figures each civilian dentist would be required to furnish treatment for 7 cases per month to take care of the present backlog.

   "Is this being accomplished?"

   During this thirty day period there were 4242 cases authorized to civilian dentists, about one tenth of the case load.

   "Why the delay in authorizations?"

   Each case must be evaluated and authorized by a dental officer on the basis of individual benefits under regulations governing out-patient dental treatment. This is often delayed by the failure of the civilian dentist to furnish an accurate and comprehensive dental examination; he has failed to follow the nomenclature and classifications outlined in the instructions furnished him when he was appointed. The return of the examination for correction consumes additional time and delay in completing the dental treatment.

   Another cause for delay is occasioned by our inability to secure sufficient trained dental officers for authorization in the five regional

officers. To become current by reducing the present backlog and to keep abreast of the monthly applications now being received it will be necessary to assign more cases to the civilian dentists and to secure additional full time professional personnel for the VA clinics, as well as expand the present facilities to include several sub-regional officers in each state. Some of the participating dentists have returned cases assigned to them, stating that they were too busy with their own practice to furnish treatment in a reasonable time. Others have requested extension of time up to 90 days.

4. What complaints have been registered by the veterans to this method of dental service?

   There have been very few complaints from veterans relative to the treatment rendered by the civilian dentists. Their complaints have been because of the delays in some instances developed by the selection of a civilian dentist who had made commitments to private patients and could not furnish treatment promptly.

5. Are the veterans receiving prompt service from the civilian dentists? There have been some delays in furnishing treatment promptly, often due to a lack of cooperation on the part of the veteran rather than the fault of the dentist.

   With the limited number of VA clinics available about 90% of the dental service will, of necessity, be furnished by the participating dentists; 5,819 applications were filed in the Branch area in one month and a backlog of 15,721 is pending.
   Broken appointments have been reported as a reason for delay in completing a great number of cases. The policy adopted in our VA clinics regarding broken appointments reads as follows: "When two appointments have been broken without a reasonable excuse the authorization should be returned to the Regional Office for cancellation with a notation to the effect that the veteran failed to cooperate."

6. What complaints have been received from the civilian dentists?
   The most common complaint is directed to the amount of paper work involved and the difficulties encountered in recording dental examinations in keeping with the classification of cavities, fillings and oral conditions in gereral. The civilian dentists have never adopted a universal system of recording dental examinations and treatments. In fact, each dentist has a separate system. Therefore, any deviation would seem complicated to the busy practitioner. Recording of the examination must be completed in detail in order that a true evaluation of the oral codition may be made by the authorization officer in the regional office. The treatment indicated, based upon the participating dentist's professional opinion, should be clearly stated as well as the present serviceability of all restorations.

   Some dentists have complained that they have received too many cases, more than they can possibly furnish treatment for. These have been advised to notify the regional office of the number of cases per month they can handle. Others have complained that they had received no

cases at all. The regional office has tried to make as fair distribution of cases as possible, perhaps favoring the veteran dentist who has reopened his office upon return from the service.

VA Form 10-2570, Dental Examination and Treatment Record, has been revised and simplified. It will require less time of the dentist and the regional dental officer and expedite treatment for the veterans.

7. What has been the response from the civilian dentists in becoming a part of this program?

Twenty-nine hundred applications were mailed by the Dental Division of the Branch Office from lists furnished by the secretaries of State Societies. About 200 applications were mailed to colored dentists in the four states and the District of Columbia. Appointments have been made in each state as follows: North Carolina, 559 and 33 colored; Virginia, 497 and 35 colored; West Virginia, 387 and 15 colored; Maryland, 451 and 21 colored, and the District of Columbia, 306 and 42 colored. This makes a total of 2,346 participating dentists now eligible to furnish dental service to service connected veterans.

It is true that some of the civilian dentists are specialists in certain fields of dentistry and others have limited their treatment to former patients. However, compared with the number of veterans who are potentially eligible for dental treatment there still remains a backlog of about 14,000 cases which should be furnished dental service in a reasonably short time.

8. Have the advisory committees from the State Societies assumed the responsibilities imposed upon them by furnishing assistance to the civilian dentists? In this Branch area some of these committees have been very active and have been of valuable assistance to the VA and to the civilian dentists, while some have assumed no responsibility whatsoever.

In some states classes of instruction in VA procedure by the use of charts and lantern slide have been conducted by members of the advisory committees.

In conclusion I would like to answer two questions that are continually being asked by the majority of the civilian dentists who are participat- in our program.

"How long will this program remain in force?"
It must be realized that a rating of service connection will remain in force for the life of the individual. Although dental treatment as presently indicated has been completed the veteran can make application at any future date, and receive dental service in accordance with the benefits to which he is entitled under his service connected dental rating.

"Do you expect this program to fold up within a year of two?"
World War I veterans are being treated for service connected conditions adjudicated following their service in that war. Hundreds of

designated dentists were furnishing treatment when World War II began. The veterans of the second World War have benefited by the legislation that have added over a period of twenty years and they will continue to benefit by this unless adverse laws are enacted by Congress. Statistics reveal the fact that as the veteran advances in years more dental service is required and will be authorized upon the basis of his dental service-connection.

I wish to take this opportunity to personally thank the members of this Society for their whole-hearted cooperation with the Branch Office, and also to compliment the State Advisory Committee for the splendid work that they have rendered in making this program possible.—William D. Lanier, Chief of Dental Division, Veterans Administration Branch Office No. 4, Richmond, Virginia.

SECRETARY SANDERS: Thank you very much, Dr. Lanier. It is a pleasure to have you here, and we do appreciate your appearing on our program and bringing us up to date on this program for the veterans. We feel that you have had to tolerate very much from us, and we thank you.

The afternoon session will now adjourn, gentlemen, and the meeting of the House of Delegates will follow immediately.

DELEGATES

FIRST DISTRICT

Ralph Falls — P. P. Yates

SECOND DISTRICT

George S. Alexander — Broaddus E. Jones
J. Donald Kiser — Frank W. Kirk
William A. Ingram

THIRD DISTRICT

J. T. Lasley — F. E. Gilliam

FOURTH DISTRICT

W. W. Rankin — J. W. Branham
L. J. Moore — T. M. Hunter
J. J. Tew

FIFTH DISTRICT

A. L. Wooten — Paul Fitzgerald
Z. L. Edwards — J. F. Duke
Sandy C. Marks

SECRETARY SANDERS: Mr. President, we have a quorum.

PRESIDENT MEDLIN: We have a quorum, gentlemen, and are now open for hearing reports. I should like to ask each gentleman who presents a report, at the end of it, to make a motion to adopt it.

DR. J. MARTIN FLEMING: Mr. President, this is the report of the Harris Memorial Committee.

REPORT OF JOHN HARRIS MEMORIAL COMMITTEE

Since the report of one year ago there have been no new developments.

The marker at Hereford is all finished except that we are to replace a marble plate with a bronze one, and the delivery of that is always "just around the corner". We hope to have it completed in the very near future.

We have a balance in the First Citizens Bank and Trust Company (Raleigh) of $119.97.—J. Martin Fleming.

Dr. Fleming, Chairman, then read the report of the Library and Historical Committee; and Dr. H. R. Chamblee presented the financial report for the same committee, as follows:

REPORT OF LIBRARY COMMITTEE

There has been no special activity since the last report.

We are continuing to collect a few old issues of both the Cosmos and the Journal, files of which are almost complete at both Universities—Duke and Carolina. We still lack a few issues and we also lack some issues of our own Proceedings—notably that of 1904. If any one has that we would be glad to receive it. You would be surprised to know that other states save and bind them. Dr. Mills of Ohio writes me that he lacks only the 1904 issue to make his collection complete. So far as we know there are only three complete sets of North Carolina, one in our collection at Chapel Hill, one of my own and one in the State Library at Raleigh, left to them by Dr. I. H. Davis of Oxford, and is a much prized addition to that library.

They assure me that they will endeavor to keep them bound as they come from the press from year to year. I know of no better disposition of my collection than to leave it to the archives of Dr. Branch's Oral Hygiene Department of the State Board of Health, where he is collecting quite a few items of historial interest.—J. Martin Fleming.

REPORT ON DENTAL HISTORIES

May 1, 1946—Brought forward	$ 249.73
For Sale of 5 Histories during the year	30.00
	$ 279.73
Less Bank Service Charge	.27
	$ 279.46

May 1, 1947 Check for Balance on hand to Treasurer of North Carolina Dental Society.

Account ceased May 1, 1947 with 335 copies of Histories on hand.—J. Martin Fleming, Chairman.

CHAIRMAN FLEMING: Mr. President, I move the adoption of both reports, mine and Dr. Chamblee's.

Motion Carried.

Dr. H. R. Chamblee, Chairman, presented the following report of the Ethics Committee and moved its adoption, which motion was carried.

REPORT OF ETHICS COMMITTEE

The Ethics Committee is happy to report that there has been no business, no charges or correspondence to come before this committee, therefore we have not had a meeting.

The reports of the following committees were read by the respective chairmen and on motion, duly seconded and carried, were adopted:

Hospital Dental Service Committee, Dr. Walter McFall, Chairman.
Program Committee, Dr. J. Donald Kiser, Chairman.

REPORT OF COMMITTEE ON HOSPITAL DENTAL SERVICE

In view of the unusual and extraordinary interest now being created and inspired by the need for more and better health conditions in North Carolina, we earnestly suggest and believe this is a splendid opportunity for all of our people to have a full and complete health service which does and must include Dental Health Service.

We believe that every hospital should have on its staff, dentists who are trained and equipped to give general, diagnostic and surgical services in keeping with present day methods and progress in dentistry. No hospital staff or health service is complete without dentists and dental services being made available.

As Out-Patient Departments are established and maintained adequate, sufficient dental equipment and personnel should be sought and obtained and maintained. Dental Internes and medic-dental affiliations should be an integral part of every hospital.

The intimate correlation between dental corrective or reparative services and dental health educational and preventive dentistry services should be given in all hospitals and state institutions so that the physicians, nurses, and other staff members may be better informed and thereby correlate their services with dentistry's for the maximum benefit of all patients and people.

The correlation of dental health education and dental service should be correlated wherever possible with social, civic, and educational groups in each community and throughout our State. There should be careful attention given to correlation and every effort made to prevent overlapping with existing School Health Programs; Dental Program of The State Department and local Health Departments; Clinics and Programs of local or state, or national groups.

Every effort should always be made to do those things dentistry has always done; to give to each and every individual our best and finest services. As the American Dental Association, our parent and national group has gone on record as indorsing this desire and purpose, we again rein-

dorse and confirm our sincere support of it. We believe and feel that, "Grants-in-aid," should be made for research; dental educational training and where necessary due to indigency and otherwise necessary, financial and recognition support.

Filed as a part of this report is an article, "Dental Internship in General Hospitals" by Dr. Edwin L. Harmon—Dental Health Magazine: page 8—November, 1944.—Walter T. McFall.

REPORT OF THE PROGRAM COMMITTEE OF THE NORTH CAROLINA DENTAL SOCIETY

1946-1947

During the past year the Program Committee has held four meetings with the Executive Committee:

First—May 8, 1946, at the Carolina Hotel, Pinehurst
Second—July 6, 1946, at the Sir Walter Hotel, Raleigh
Third—October 28, 1946, at the Sir Walter Hotel, Raleigh
Fourth—February 16, 1947, at the Carolina Hotel, Pinehurst

The work and activities of this committee is represented in the program of this meeting.—J. Donald Kiser.

The report of the Legislative Committee was read by Dr. C. C. Poindexter, a member of the Committee, and was adopted.

REPORT OF LEGISLATIVE COMMITTEE

The Legislative Committee did not sponsor any special legislation during the recent session of the State Legislature. Our members were alert at all time to legislation which effected the Dental Profession. Dr. Hale, our representative on the Medical Care Commission, represented Dentistry on any and all Health Service programs advocated by the Commission.

The Wagner-Murry Dingle Bill appears to be a thing of the past in the United States Congress. A new bill, H.H. 545, more favorable to dentistry, has been introduced.

One of our members, Dr. Paul Jones, has been named on the American Dental Association Legislative Committee and is taking very active part on that most important committee.—H. O. Lineburger.

DR. C. C. POINDEXTER, CHAIRMAN: I have the report of the State Institutions Committee, which I can read if you desire.

PRESIDENT MEDLIN: I will entertain a motion that it be read by title.

On motion, the said report was read by title.

STATE INSTITUTIONS COMMITTEE

The Dental Department of the State Hospitals have progressed in size and efficiency since our last meeting and a report of this committee was made.

For a number of years Morganton, Raleigh, and Goldsboro units have had a full time dentist. Caswell Training School at Kinston, part-time

dentists. At the last session of the state legislature the appropriations committee was liberal to the extent of providing funds for an additional member of their staff at Morganton, Raleigh, and Goldsboro, and a full time man at Caswell Training School. The difficulties at this time seem to be the availability of dentists. The Committee feels that perhaps men of more mature age would be more desired. A recent graduate would likely take such employment as temporary. Should anyone know of such men, it is hoped that you will contact Dr. H. O. Lineberger of Raleigh. These units are completely equipped with two dental offices, modern in design and in excellent condition.

In addition to the regular hospital dentists, Dr. Henson, oral surgeon of Raleigh, is employed part-time and visits these hospitals at intervals to take care of the most difficult extractions and general consultation.

The recently acquired Camp Butner property will soon begin to receive patients. One or more dentists will be required to take care of this work.

Governor Cherry has again recognized dentistry in re-appointing Dr. Lineberger to the State Board of Control, and a more single honor in designating him as chairman. Dr. Lineberger is popular with the entire governing body of the hospitals, and is doing very fine work. The members of The North Carolina Dental Society is justly proud of him, and his very worthy accomplishments.—C. C. Poindexter.

Dr. Frank O. Alford read the report of the North Carolina State Board of Dental Examiners and then, as Chairman, the report of the Prosthetic Dental Service Committee, both being duly adopted.

NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS
REPORT OF EXAMINATION
January 1, 1946 to June 30, 1946

Board Members

Dr. John Pharr, *President*
Dr. Wilbert H. Jackson, *Secretary-Treasurer*
Dr. A. C. Current
Dr. Paul E. Jones
Dr. D. L. Pridgen
Dr. Neal Sheffield

R. C. CARTER, CERTIFIED PUBLIC ACCOUNTANT, RALEIGH
July 10, 1946

Dr. Wilbert H. Jackson, Secretary-Treasurer,
North Carolina State Board of Dental Examiners,
Clinton, North Carolina

Dear Sir:

We have made an examination of the recorded transactions of the
NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS
From January 1, 1946 to June 30, 1946
and submit herewith our report consisting of the following Exhibits and Schedules:

Exhibits
"A" Balance Sheet
"B" Statement of Income and Expenses

Schedules
1 Reconcilliation of Bank Account
2 Board Meetings and Examination Expenses

All recorded cash transactions were found to have been properly deposited, and disbursements were made on properly signed and endorsed checks.

We were informed that all known liabilities of the Board have been paid and/or reflected as accounts payable on the attached Exhibit "A".

Very truly yours,

R. C. Carter,
Certified Public Accountant

NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS
Clinton, North Carolina

BALANCE SHEET
June 30, 1946

EXHIBIT A

ASSETS

Cash on Deposit—First Citizens Bank & Trust Co. Clinton, North Carolina		$ 202.94
Total		$ 202.94

LIABILITIES & SURPLUSES

Accounts Payable:

Dr. Wilbert Jackson:		
Salary, Per Diem and Expense	$ 478.50	
Telephone and Telephone Calls	51.76	
Duplicate Deposit—A. C. Frazier	2.00	$ 532.26
Dr. John R. Pharr—Per Diem and Expenses		37.80
Dr. A. C. Current—Per Diem and Expenses		39.60
Dr. P. E. Jones—Per Diem and Expenses		29.00
Dr. D. L. Pridgen—Per Diem and Expenses		28.00
Dr. Neal Sheffield—Per Diem and Expenses		29.50
		696.16

Total Liabilities:	
Surplus (Deficit) from Exhibit "B"	(-) 493.22
Total	$ 202.94

NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS

INCOME AND EXPENSES
January 1, 1946 to June 30, 1946

EXHIBIT B

INCOME

Examination Fees 83 at $20.00		$ 1,660.00
1946 Renewal License Fees:		
53 at $2.00		106.00
53 at No Cost (Veterans)		
Licenses To Resume Practice		
P. E. Perkins	$ 20.00	
Ben J. Durham	20.00	
Watson Fowler	20.00	60.00
Dental Rosters	15.00	
Miscellaneous	.25	$ 1,841.25

EXPENSE

Board Members Per Diem and Expense	$ 1,062.80	
Board Meetings and Examination Expense	701.67	
Salaries:		
Secretary-Treasurer	150.00	
Assistant Secretary-Treasurer	50.00	
Postage, Registering and Mailing	143.96	
Telephone and Telegraph	161.97	
Auditing	50.00	
Examination Fee Refund—D. L. Graithe	20.00	
Insurance	6.30	
Stationery and Printing	2.10	$ 2,348.80
Excess of Expense over Income for Period		507.55
Surplus December 31, 1945		14.33
DEFICIT JUNE 30, 1946		$ 493.22

RECONCILIATION OF BANK ACCOUNT
June 30, 1946

SCHEDULE 1

Balance per Bank, June 30, 1946		
First Citizens Bank & Trust Co., Clinton, N. C.		$ 244.30
Less: Outstanding Checks		
No.	Amount	
424*	$ 10.00	
717*	.06	
851*	2.00	

1085*	4.62	
1203	24.68	41.36

*Prior to 1945

Balance June 30, 1946 (To Exhibit "A") ..... $ 202.94

BOARD MEETINGS AND EXAMINATION EXPENSES
January 1, 1946 to June 30, 1946

SCHEDULE 2

Carolina Hotel	$ 342.63
Mrs. Vallie L. Henderson, Assistant	50.00
Technic Teeth	72.00
Advertising	25.32
Examination Books and Typing	32.00
Supplies	117.00
Janitor and other Labor	35.00
Pouring Cement	21.25
Drayage	6.00
TOTAL (To Exhibit "B")	$ 701.67

NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS

June 24, 1946 the North Carolina State Board of Dental Examiners passed a resolution increasing the requirements for applicants for examination of Dental Hygienists from one to two years training.

In view of this resolution not having been given proper publicity and feeling that it might be a handicap to some who had planned to enter Hygiene School this fall, and desiring to be fair to all concerned, the Board of Dental Examiners has rescinded the resolution and passed the following resolution—

> "On and after July 1, 1948 all applicants for license to practice Dental Hygiene in North Carolina, except those who graduated prior to this date, will be required to be a graduate of a recognized school of Dental Hygiene which has a minimum requirement, graduation from an accredited high school and a two year course in an accredited school of Dental Hygiene."

Respectfully submitted:

Frank O. Alford, Sec-Treas.
N. C. State Board of Dental Examiners.

REPORT OF THE TRANSACTIONS OF THE NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS

From January 1, 1946 to December 31, 1946

February 8, 1947

To His Excellency
R. Gregg Cherry
Governor of North Carolina
Raleigh, North Carolina

Sir:

In accordance with the provisions of the dental law, I wish to hand you herewith a report of the proceedings of the North Carolina State Board of Dental Examiners for the Calendar year of 1946.

Four meetings have been held during the year.

The North Carolina State Board of Dental Examiners held a special meeting for the examination of the applicants for licensure to practice dentistry and dental hygiene, beginning Monday morning, April 1, 1946, Raleigh, N. C. The practical examinations were held in the Ball Room of the Carolina Hotel. The Theoretical examinations were held in Hall of the House of Representatives at the Capitol Building.

All members of the Board were present. The President, Dr. John R. Pharr, presided. Eighty-one applicants having complied with the requirements of the Board were permitted to take the examination for licensure to practice dental hygiene. Dr. J. B. Roseman of Wilmington, North Carolina failed to present for examination.

The North Carolina State Board of Dental Examiners met in an executive session Monday evening, April 1, 1946, to afford hearing to one, Dr. C. W. Cooper of Winston-Salem, N. C., who had been charged with aiding and abetting L. E. Turner, a dental technician in the illegal practice of dentistry. Dr. Cooper made promises that he would not be guilty in the future of associating with Turner of aiding him in his illegal practice; that his action in the past had been due to lack of knowledge as to practices permitted by his license. The Board voted to withhold it's judgement for the present time and permit Dr. Cooper to continue practice so long as he held himself away from Turner.

The Board voted to adjourn after the examinations being held were completed, to meet at Pinehurst, N. C., May 5, at 11:00 a.m., at which time the grades of the applicants for licensure were tabulated.

The North Carolina State Board of Dental Examiners held a special meeting at the Carolina Hotel, Pinehurst, N. C. May 5, 1946, for the purpose of tabulating the results of the examinations given beginning April 1, 1946, and to transact any other business coming before the board. All members were present. Dr. John R. Pharr, President, presided. The following resolution was offered and adopted:

"On and after May 5, 1946, all applicants for licensure to practice dentistry in North Carolina shall have graduated and received a diploma from an approved or provisionally approved dental school at the time of graduation, in the United States."

Upon tabulation of the grades of the examination given beginning April 1, 1946, in Raleigh, the following having received an average of 80 or more were given a license to practice dentistry in North Carolina:

1768—J. N. Hill ..... Murphy, N. C.
1769—M. L. Cherry ..... Clinton, N. C.
1770—M. A. Ray (Col) ..... Clinton, N. C.

1771—D. F. Bunn ..... Raleigh, N. C.
1772—A. L. Hamilton ..... Morehead City, N. C.
1773—J. C. Rehm ..... Genevieve, Mo.
1774—C. V. Abernathy ..... Forest City, N. C.
1775—W. S. Clayton ..... Brevard, N. C.
1776—H. T. Sain ..... Marion, N. C.
1777—J. M. Stubbs ..... Rockingham, N. C.
1778—B. E. Jones ..... Raleigh, N. C.
1779—W. E. Pederson ..... Durham, N. C.
1780—Edwin Cathrell ..... Salisbury, N. C.
1781—C. W. Love ..... Blacksburn, S. C.
1782—G. L. Townsend ..... Fairbluff, N. C.
1783—R. L. Bridger ..... Bladenboro, N. C.
1784—J. T. Hunt ..... Louisburg, N. C.
1785—J. J. Jordan ..... Myrtle Beach, S. C.
1786—D. F. Horde ..... Kings Mountain, N. C.
1787—B. P. Marshbanks, Jr. ..... Buies Creek, N. C.
1788—Harold Keener ..... Asheville, N. C.
1789—B. W. Williamson, Jr. ..... Hamlet, N. C.
1790—R. B. Lessam ..... Fayetteville, N. C.
1791—J. E. Little ..... Statesville, N. C.
1792—W. P. Hinson ..... Monroe, N. C.
1793—F. T. Webster ..... Madison, N. C.
1795—R. T. Moore ..... MountHolly, N. C.
1796—A. J. Galerde ..... Charlotte, N. C.
1797—G. A. Lazenby, Jr. ..... Statesville, N. C.
1798—Winfred D. Brown ..... Charlotte, N. C.
1799—W. C. Howell, Jr. ..... Durham, N. C.
1800—J. J. Richardson ..... Loris, S. C.
1801—Hal T. Boyles ..... Dallas, N. C.
1802—J. M. Kealey ..... Goldsboro, N. C.
1803—J. J. Hunt ..... Lattimore, N. C.
1804—C. B. Pittman ..... LaGrange, Ga.
1805—A. F. Riggs ..... Elizabeth City, N. C.
1806—T. S. Fleming ..... Smithfield, N. C.
1807—F. M. Wilson ..... Monroe, N. C.
1808—D. A. Jackson ..... Jefferson Barracks, Md.
1809—J. T. Mize ..... Lamdrum, S. C.
1810—M. M. Ellis ..... Calhoun, Ga.
1811—C. C. Diercks ..... Wilmington, N. C.
1812—A. R. Fales ..... Wilmington, N. C.
1813—W. E. Evans ..... Pendleton, S. C.
1814—P. P. Moss ..... Kingsport, Tenn.
1815—M. D. Large ..... Rocky Mount, N. C.
1816—R. E. Brannan ..... Gaffney, S. C.
1817—D. C. Gunter ..... Smithfield, N. C.
1818—C. H. Hill ..... Portsmouth, Va.
1819—H. H. Sattershaite (Col) ..... Smithfield, N. C.
1820—J. T. Heintz ..... Charlotte, N. C.
1821—R. L. Moore ..... Dublin, Ga.

1822—R. W. Turner ..... Elkin, N. C.
1823—T. J. Bell ..... Conway, S. C.
1824—A. V. Howell, Jr. ..... Vilas, N. C.
1825—J. J. Morris ..... Elizabeth City, N. C.
1826—W. W. Pearce ..... Hamlet, N. C.
1827—P. T. Baker ..... Cramerton, N. C.
1828—L. L. Banker, Jr. ..... Charlotte, N. C.
1829—J. H. Edwards ..... Raleigh, N. C.
1830—H. S. Zaytoun ..... New Bern, N. C.
1831—R. B. Warlick ..... Gastonia, N. C.
1832—J. L. Wlaker (Col) ..... Charlotte, N. C.
1833—K. F. Ehrlich ..... Rocky Mount, N. C.
1834—C. S. Caldwell ..... Concord, N. C.
1835—J. L. Price, Jr. ..... Hickory, N. C.
1836—E. K. Branke ..... Petersburh, W. Va.
1837—R. H. Gilbert ..... Raleigh, N. C.
1838—J. W. Gibbs ..... Charlotte, N. C.
1839—J. H. Horton (Col) ..... Edenton, N. C.
1840—J. H. Brett (Col) ..... Winston, N. C.
1841—P. W. Jones (Col) ..... Wise, N. C.
1842—Golden Raines (Col) ..... Raleigh, N. C.
1843—H. F. Cofield (Col) ..... Enfield, N. C.
1844—James R. Crawford ..... North Wilkesboro, N. C.
1845—J. H. Green ..... Manson, N. C.

The following having received an average of 80 or more were given a license to practice Dental Hygiene:

3—Lucille J. Huggins ..... Fayetteville, N. C.
4—Mrs. N. G. Fulmer ..... Durham, N. C.
5—Katheryn A. Farthing ..... Boone, N. C.
6—Nelle A. Potts ..... Hickory, N. C.
7—Violet Maxwell ..... Pink Hill, N. C.
8—Maxine Koonce ..... Welcome, N. C.
9—Mrs. Cecile Bullock ..... Lumberton, N. C.

The following failed, having made an average of less than 80:

Hyman Harold Levine ..... Winston-Salem, N. C.
Dew Franklin Nye, Jr. ..... Myrtle Beach, S. C.
Joseph Charles Schulte ..... Fayetteville, N. C.

The North Carolina State Board of Dental Examiners held its 66th annual meeting at the Carolina Hotel, Raleigh, N. C., room 301, Monday, June 24, 1946, beginning at 8:00 in the morning. All members of the Board were present, and Drs. Frank O. Alford of Charlotte, N. C. and Walter E. Clark of Asheville, N. C., newly elected members of the Board were invited to be present. Both attended this meeting.

Dr. Ben J. Durham, 839 Kawana Road, Columbia, S. C., who was formerly licensed to practice dentistry in North Carolina, but who had been associated with and working for the Veteran's Facility since 1918, was

granted a renewal license to resume the practice of dentistry in North Carolina.

The Board voted to hold its next examination at the annual meeting, which begins June 23, 1947.

Upon motion by Dr. A. C. Current, seconded by Dr. D. L. Pridgen, it was decided to store the old records at the State Capitol if space could be obtained for same. The Secretary was instructed to see if and where the old file, which is seldom needed and getting large, can be stored for safe keeping.

The following officers were elected for the ensuing year:

Dr. Wilbert Jackson, President—Dr. F. O. Alford, Sec.-Treas.

The Board elected Dr. F. O. Alford and Dr. Wilbert Jackson delegates to the American Association of Dental Examiners, to be held in Miami, beginning October 12, 1946. Dr. Wilbert Jackson and Dr. Walter E. Clark were elected delegates to the North Carolina Dental Society.

The following motion by Dr. Wilbert Jackson and seconded by Dr. Paul E. Jones:

On and after July 1, 1946, the Assistant Secretary shall be paid a salary of $300.00 a year.

The motion was unanimously carried.

The following resolution was passed:

On and after July 1, 1947, all applicants for licensure to practice Oral Hygiene in North Carolina will be required to be graduates of a recognized school of Oral Hygiene which has as a minimum requirement, graduation from an accredited high school and two years of study of nine months each in an accredited school of Oral Hygiene.

The North Carolina State Board of Dental Examiners held a special meeting in Room 301, Carolina Hotel, Raleigh, N. C., November 25, 1946, for the purpose of discussing the legality of the proposed Dental Health Educational Program of the City of Charlotte Health Department with Mr. I. M. Bailey, Attorney for the Board, and Dr. Z. M. Stadt, Administrator of the program of the Charlotte Health Department. Mr. Bailey drafted the program to conform with the dental law and Dr. Stadt was advised that the program must be carried out according to the redraft and the dental laws of North Carolina. A copy of the redrafted program was sent to Dr. Bethel, Health Officer for the City of Charlotte.

The United States Public Health Program was discussed and it was decided that such a program would be legal in North Carolina.

There being no further business, the Board adjourned.

Attached hereto is a financial statement as of July 1, 1946 to December 31, 1946. The financial statement as of January 1, 1946 to July 1, 1946 already having been submitted by Dr. Wilbert Jackson, former Secretary-Treasurer of the Board of Dental Examiners.

Respectfully submitted,

Frank O. Alford, Sec.-Treas.
North Carolina State Board of
Dental Examiners.

J. M. VAN HOY CERTIFIED PUBLIC ACCOUNTANT
Charlotte, N. C.

February 5, 1947

Dr. Frank O. Alford
Secretary-Treasurer
North Carolina State Board of Dental Examiners
Charlotte, North Carolina

Dear Sir:

We have examined the books and records of the North Carolina State Board of Dental Examiners covering the period from July 1, 1946 to December 31, 1946 and submit herewith our report consisting of the accompanying balance sheet, statements of cash receipts and disbursements, income and expenses, reconciliation of bank account and the beginning cash balance.

All recorded cash receipts were verified with the bank deposits and cash on hand. All disbursements were supported by duly authorized vouchers or cancelled checks. We have been informed that there were no liabilities December 31, 1946.

Respectfully submitted,

J. M. Van Hoy
Certified Public Accountant

CERTIFICATE

We have examined the books and records of Dr. Frank O. Alford, Secretary-Treasurer of the North Carolina State Board of Dental Examiners as of December 31, 1946. In our opinion, the accompanying balance sheet and related statements of income and surplus present fairly the position of the North Carolina State Board of Dental Examiners at the date and the results of its operation for the period from July 1, 1946 to December 31, 1946 in conformity with generally accepted accounting principles applicable in the circumstances.

Respectfully submitted,

J. M. Van Hoy
Certified Public Accountant

INDEX

Exhibits:

Balance Sheet ..... Exhibit A
Cash Receipts and Disbursements ..... Exhibit B
Income and Expenses ..... Exhibit C
Reconciliation of Bank Account ..... Schedule 1
Reconciliation of Cash Balance ..... Schedule 2

BALANCE SHEET
December 31, 1946

ASSETS—EXHIBIT A

Cash in Bank and on Hand:	
Union National Bank, Charlotte, N. C.	$1,017.72
	$1,017.72

CASH RECEIPTS AND DISBURSEMENTS
July 1, 1946 to December 31, 1946

Balance from Dr. Wilbert Jackson, retiring Sec.-Treas.		$ 169.62
Cash Receipts:		
1946 Renewal License, 1 at $2.00	$ 2.00	
1947 Renewal License, 1002 at $2.00	2,004.00	
Examination Fees—James F. Cameron	20.00	
Copy of License—W. C. Logan, Jr.	2.00	
1945 License Renewal of John T. Bell	2.00	
Total Receipts		$2,030.00
Total Receipts and Balance		$2,199.62
Disbursements:		
Accounts payable per prior audit:		
Dr. Wilbert Jackson	$ 530.26	
Dr. John R. Pharr	37.80	
Dr. A. C. Current	39.60	
Dr. P. E. Jones	29.00	
Dr. D. L. Pridgen	28.00	
Dr. Neal Sheffield	29.50	$ 694.16
Expenses Special Meeting:		
November 25, 1946:		
Rooms and Meals	30.44	
Dr. Wilbert Jackson-Per Diem and Meal	28.50	
Dr. Neal Sheffield-Per Diem and Meal	29.50	
Dr. D. L. Pridgen-Per Diem and Meals	28.00	
Dr. Paul E. Jones-Per Diem and Meals	29.00	
Dr. Frank O. Alford-Per Diem and Meals	37.80	183.24
Stationery and Printing		133.01
Postage		70.00
Stenographic Work		1.95
Storage and Drayage of Equipment		37.83
Telephone and Telegraph		10.80
Bank Service Charge		9.91
Returned Check of Mrs. Iona Gregg		2.00
American Association Dues		45.00
TOTAL		$ 1,181.90
Cash Balance December 31, 1946		$ 1,017.72

INCOME AND EXPENSES
July 1, 1946 to December 31, 1946

Income:		
1 1946 Renewal License at $2.00	$ 2.00	
1002 1947 Renewal License at $2.00	2,004.00	
1 Examination Fee	20.00	
1 1945 Renewal License of John T. Bell Delayed while in military service	2.00	
Copy of License of W. C. Logan, Jr. which was lost while in service	2.00	
TOTAL INCOME		$ 2,030.00
Expenses:		
Expenses of Special Board Meetings:		
Room and Meals	$ 30.44	
Wilbert Jackson-Per Diem and Meals	28.50	
Neal Sheffield-Per Diem and Meals	29.50	
D. L. Pridgen-Per Diem and Meals	28.00	
Paul E. Jones-Per Diem and Meals	29.00	
Frank O. Alford-Per Diem and Meals	37.80	183.24
Stationery and Printing		133.01
Postage		70.00
Stenographic Work		1.95
Storage and Drayage on Equipment		37.83
Telephone and Telegraph		10.80
Bank Service Charge		3.91
Returned Check		2.00
American Association Dues		45.00
Total Expenses		487.74
Excess of income over expenses		$ 1,542.26

RECONCILIATION OF BANK ACCOUNT
December 31, 1946

SCHEDULE 1

Balance, Union National Bank, Charlotte, N. C.	$1,476.08	
Deposit in Transit	322.00	$ 1,798.08
Checks Outstanding		
No. 10	450.00	
No. 11	28.50	
No. 12	62.56	
No. 13	28.50	
No. 14	29.50	
No. 15	28.00	
No. 16	29.00	
No. 18	37.80	
No. 19	29.50	

No. 20	28.00	
No. 21	29.00	$ 780.36
Balance December 31, 1946		$ 1,017.72

PROOF

Cash Balance August 8, 1946		169.62
Receipts:		
1946 Renewal License: 1 @ $2.00	$ 2.00	
1947 Renewal License: 1002 @ $2.00	2,004.00	
Examination Fee—James F. Cameron	20.00	
Miscelaneous:		
W. C. Logan-Copy of License	2.00	
John T. Bell-1945 Back Dues	2.00	2,030.00
TOTAL		$ 2,199.62

SCHEDULE 2

Disbursements	$ 1,181.90
Cash Balance as above	$ 1,017.72

RECONCILIATION OF BEGINNING CASH BALANCE
July 1, 1946 to December 31, 1946

Cash Balance per Prior Audit		$ 202.94
Deduct:		
Amount paid R. C. Carter, Auditor, after July 1, 1946		50.00
Adjusted Balance		$ 152.94
Add:		
Outstanding Checks at June 30, 1946:		
No. 424	$ 10.00	
No. 717	.06	
No. 951	2.00	
No. 1085	4.62	$ 16.68
Beginning Balance—Exhibit B		$ 169.62

Note: Outstanding checks listed above evidently had not been cleared with the bank when Dr. Wilbert H. Jackson, retiring Secretary-Treasurer, transferred his bank balance to the incoming Secretary-Treasurer, Dr. Frank O. Alford.

REPORT OF THE PROSTHETIC SERVICE COMMITTEE OF THE NORTH CAROLINA DENTAL SOCIETY

In 1945, at the request of the American Dental Association, President Barker appointed a Prosthetic Service Committee of the North Carolina Dental Society. The functions of the Prosthetic Dental Service Committee of the American Dental Association are:

I. To inaugurate and direct an aggressive educational program through the pages of our official American Dental Association and State Dental Journals and through the periodicals of the dental laboratory industry. This program will call attention to ellegal practices of the profession and the dental laboratories which jeopardize the health of the public. It will call attention to the respective responsibilities of the profession and the dental laboratories. It will call attention to common deficiencies in impressions, jaw relations, and so forth which are furnished to the dental laboratories. Also, it will call attention to the common errors in the work produced by dental laboratories.

II. To encourage and cooperate with the various State Boards of Dental Examiners in warning and prosecuting violators of the various State dental laws.

III. To encourage the dental laboratories to use the fair business practices with the dental profession and with each other for the best interests of public health, by recognition of those laboratories who meet the requirements as set up by the Committee.

IV. To serve as a liaison between the dental profession, and the dental laboratories, and dental technicians so problems, national in scope, will be solved by mutual cooperation. The respective State Prosthetic Dental Service Committees will serve as a liaison between the prof-Dental Service Committees will serve as a liaison between the profession and the dental laboratories in the solution of dental laboratory problems in their respective States.

V. To set up requirements for accreditation of dental laboratories.

VI. To supervise inspection of dental laboratories for accreditation, or for a continuation of accreditation.

VII. To issue requirements for accreditation to those laboratories who meet the requirements for accreditation as set up by the committee.

This committee held its first meeting in Pinehurst in July, 1945. At this meeting it was decided that a respective group from the laboratory industry be invited to hold a joint meeting with the committee to agree on plans for the accreditation for the dental laboratories in North Carolina.

Mr. Henry Swanzey, President of the North Carolina Dental Laboratory Association was contacted and he appointed a committee to meet jointly with the Prosthetic Dental Service Committee of North Carolina Dental Society on August 5, 1945 at Holly Inn, Pinehurst. At this meeting the plans of the American Dental Association were discussed and the committee from the Laboratory Association agreed to present the plans to their organization for approval or disapproval. It was learned later that the North Carolina Dental Laboratory Association did not agree with the plans as presented.

October 11, 1946, Mr. Robert Woodward, President of the Southern Dental Laboratory Association requested copies of the plans of accreditation by the American Dental Association, stating that the laboratories did

not understand the operation of the plan. These plans were submitted with the suggestion that a joint meeting of the Prosthetic Dental Service Committee and committee from the North Carolina Dental Laboratory Association be held to discuss the plans and reach some agreement, whereby the plan could be put into operation. This meeting was arranged for January 19, 1947, at the Washington Duke Hotel, Durham, N. C.

The meeting was attended by Drs. H. O. Lineberger and Frank O. Alford for the Prosthetic Dental Service Committee of the North Carolina Dental Society and Messers E. B. Anderson, John Fleming, Robert Woodward, Ross Buran, L. . Miller, and F. T. Horton for the North Carolina Dental Laboratory Association.

It was agreed that the plans of the American Dental Association must be put into operation on a basis of state level; that there must be a mutual agreement of both the laboratory and the dentist; that no laboratory should advertise in the publications nor exhibit at the meetings of the North Carolina Dental Society or its components, except those having been accredited; that no laboratory be accredited unless it be a member of the North Carolina Dental Laboratory Association; that a member of the Laboratory Association be elected by the association to serve on the Prosthetic Dental Service Committee of the North Carolina Dental Society. These agreements were to be taken before a meeting of the North Carolina Dental Laboratory Association for approval or disapproval and reported to another joint meeting of the two committees to be held at Pinehurst February 16, 1947.

This meeting was attended by Drs. Fred Hale, C. C. Poindexter, A. C. Current and Frank O. Alford for the Prosthetic Dental Service Committee and Dr. H. O. Lineberger, Chairman of the Prosthetic Dental Service Committee of the A.D.A. and Messers E. B. Anderson, Robert Woodward, John Fleming, Ross Buran, L. K. Miller and F. T. Horton for the Laboratory Association.

Motion was made by Dr. Fred Hale and seconded by Dr. A. C. Current and carried; that the North Carolina Dental Laboratory Association have a separate committee to recommend laboratories for accreditation to the Prosthetic Service Committee of the North Carolina Dental Society, which is to be composed of equal number of members from the North Carolina Dental Society and the North Carolina Dental Laboratory Association and that a two thirds vote shall rule in all matters. The committee shall be composed of ten members, five from each organization. The Committee shall have a chairman who shall be a dentist and a vice-chairman who shall be a laboratory technician and a secretary who shall be a dentist, these to be appointed by the presidents of each organization.

It was moved and seconded that the Bulletin of the North Carolina Dental Society recommended that members of the society patronize the accredited laboratories and carry in the publication a list of the accredited laboratories. This motion passed.

It was agreed that the Prosthetic Dental Service Committee should be appointed as a staggering committee, one appointed for one year, one for

two years, one for three years, one for four years, one for five years, with one man being appointed each year thereafter to succeed the retiring member. This to be done by both organizations.

It was also agreed that only accredited laboratories be allowed to exhibit at meetings of the North Carolina Dental Society or its components or advertise in the publications for the North Carolina Dental Society or its components.

It was further agreed that no dental laboratory shall be accredited that is not a member of the North Carolina Dental Laboratory Association.

All of the above agreements were made subject to the approval of House of Delegates of the North Carolina Dental Society at the Pinehurst meeting to be held May 6-7-8, 1947.—F. O. Alford.

PRESIDENT MEDLIN: Is there any discussion of this very fine report?

DR. WILBERT JACKSON: I want to ask a question. Would that exclude the out-of-state laboratories such as we have represented at the meeting here?

CHAIRMAN ALFORD: This is set up on a nation-wide plan. If an organization does not meet the standards, then I think we should not allow it to exhibit at our State meetings or advertise in our publication. This is a big thing. I have done a lot of work on it, and the other members of the Committee have, too. It is far-reaching and will probably mean a lot to dentistry sometime in the future.

The laboratories felt that they should have some representation on the Committee. I have heard some complaint about representatives of the laboratories serving or being represented on the Committee, because they are not members of the Society. But they appointed a group to work with us, and we felt there was no harm in it; in fact, it was agreed by all members of the Committee that it would be a fine thing for them to work with us, because they are familiar with the industry and we are not.

There are definite rules set up by the American Dental Association in a four-page pamphlet, those rules being set up on the state level. The A.D.A. Committee agreed that it would not apply to the entire country but should be set up on the state level. The rules they have set up are meant to be used as a guide to the state societies.

DR. T. M. HUNTER: I agree that the different states would accredit their laboratories. If a laboratory is accredited in one state it would not be accredited in North Carolina.

CHAIRMAN ALFORD: That is correct.

Dr. J. W. Branham, Chairman, presented the following report of the Exhibits Committee, which, on motion duly made, seconded, and carried, was adopted.

REPORT OF EXHIBIT COMMITTEE

I wish to submit the following report of the Exhibit Committee:

Receipts from 45 exhibits @ $70.00 each		$3,150.00
Disbursments:		
American Exhibit Company	$675.00	
Printing and postage	28.10	703.10
Net profit		$2,446.90

J. W. Branham

PRESIDENT MEDLIN: I wish to thank Dr. Branham for a wonderful piece of work. He has put the rest of us to shame.

What is the next report?

DR. SANDY C. MARKS: Mr. President, I have the report of the Committee on Dental Hygienists, which I was asked to read. Dr. Truluck is the Chairman.

PRESIDENT MEDLIN: We shall be glad to hear it.

REPORT OF DENTAL HYGIENIST COMMITTEE

The Dental Hygienist Committee met and is of the opinion that the Resolution as proposed by the North Carolina State Board of Dental Examiners should be the ultimate aim of the North Carolina Dental Society and the Examining Board. However, it is of the opinion that the proposed Resolution of the Board of Dental Examiners as printed in the 1947 Program should be altered in the following manner:

1. That the two year educational requirement should not be put into effect before the mid-summer examination given by the North Carolina Board of Dental Examiners in 1948.

2. Any Hygienist having graduated from a one year school with proper experience and qualifications should be permitted to take the board until 1950.

The reasons for the aforesaid statements are: 1. Insufficient publicity to the Dental Profession in North Carolina and the general public as a whole, and 2. to those who are planning a career in Dental Hygiene.

There are nine Dental Hygienist who have license to practice in North Carolina and of that number only five are practicing in the state at this time, whose services are reported to be satisfactory by those whom they are employed.—Moultrie H. Truluck.

THE PRESIDENT: As I understand, there is a little discrepancy between that report and the resolution.

DR. FRANK O. ALFORD: I do not think there is any discrepancy, Mr. President. Under the resolution they are qualified to take the Board at any time, whether it is fifty years. They are limiting it to five years, whereas the Board makes it indefinite.

I move that the report be accepted.

Motion seconded and carried.

DR. NEAL SHEFFIELD, CHAIRMAN: Mr. President, I should like to read the report of the Publicity Committee by title and move that it be adopted.

Motion seconded, put to vote and carried.

REPORT OF PUBLICITY COMMITTEE

Advanced publicity for the North Carolina Dental Society meeting was handled through the office of our good friend Col. Bob Madry, Chapel Hill, who has very faithfully for a number of years handled in a most efficient manner the publicity of our society.

We are indebted to our State Secretary, Editor-Publisher, and Program Chairman, for photographs and information concerning our visiting clinicians which in turn was furnished the News Bureau where news stories were written and mats of all officers of the society and the visiting clinicians were prepared. These news stories and photographs were sent out at intervals during the four weeks prior to our meeting to all the newspapers in the state and some to the adjoining states.

After consulting with the officers and members of this committee it was decided to add a new feature to the publicity for the society this year. Most of the radio stations in the state were contacted by the cooperation of the members of this committee and during the week of April 28 the following "spot announcement" was put on the air *"The Ninety-first Anniversary Meeting of the North Carolina Dental Society will be held May* E-F-G, *Carolina Hotel, Pinehurst, N. C."* As far as we are able to determine all stations carried this announcement several times during the week as a public service feature at no expense to the society. It was felt that this radio service would reach many people who did not receive daily papers and would be a reminder to them to have impending emegrencies taken care of during the week.

A telegram has been received stating that Col. Madry could not attend our meeting and Captain Sherwood of Pinehurst again this year covered our meeting in a masterful way. The large attendance here and the complete coverage prior to, and during our convention are ample proof of the very fine work of both Col. Madry and Capt. Sherwood. We wish to thank both these fine gentlemen as well as the radio stations over the state who carried our spot announcements.—Neal Sheffield.

The reports of the following committee were read by their respective chairmen; and, on motion duly made ,seconded, and carried, each was adopted:

Clinic Board of Censors, Dr. J. R. Edwards, Sr., Chairman.
Arrangements Committee, Dr. W. L. McRae, Chairman.
Clinic Committee, Dr. K. L. Johnson, Chairman.

DR. JOHNSON:

CLINIC BOARD OF CENSORS COMMITTEE

Your Clinic Board of Censore wishes to make the following report after carefully considering each of the table clinics; that the following clinics be recommended to the A.D.A. section on table clinics:

"Impressions"
L. G. Coble, D.D.S., Greensboro, N. C.

"Opening bite with removable bridge action"
L. M. Massey, D.D.S., Zebulon, N. C.

"Home care of the mouth (motion picture)"
S. P. Gay, D.D.S., Greensboro, N. C.

"Acrylic Bridges Featuring the Stress-Breaker"
N. R. Callaghan, D.D.S., Highpoint, N. C.

"A Few Points on Crown and Bridge Construction"
J. R. Edwards, Jr., D.D.S., Fuquay Springs, N. C.

"Reduction of Mandibular Fractures by Various Splinting Methods"
John T. Bell, D.D.S., Durham, N. C.

"Fixed Bridges (Gold and Acrylic)"
E. H. Plaster, D.D.S., Shelby, N. C.

—J. R. Edwards

REPORT FOR ARRANGEMENTS COMMITTEE

The Carolina Hotel was engaged for May 5-6-7 for 1947 meeting.

On February 16 the Chairman of the various committees met with the Executive Committee at the Carolina Hotel where final arrangements were made. The Hotel has been very co-operative with our Committee in securing the necessary equipment for the meeting. I move that the Secretary write the management of the Hotel expressing our appreciation for their generous help. We also want to thank our President, Dr. Medlin for his untiring efforts in the many things he has done in helping our Committee.—W. L. McRae.

REPORT OF THE CLINIC COMMITTEE

The thirty splendid Table Clinics appearing upon our program is indicative of the success of your committee. It is indeed gratifying to have received such fine cooperation from these clinicians of our society.

Your committee is grateful to Dr. Lindell L. Leathers, Prosthodontist of Washington, D. C., who kindly consented to present a Table Clinic while visiting in our section.—K. L. Johnson.

PRESIDENT MEDLIN: This Clinic Committee had done one of the hardest jobs in our Society, and it has done fine work.

Are there any more reports?

DR. C. C. POINDEXTER, CHAIRMAN: Mr. President, the Executive Committee would like to recommend that our essayists, Dr. Harlan H. Horner and Dr. W. H. Canavan, be made honorary members. In addition, if Dr. Sterling V. Mead and Dr. Irving Hardy are not already honorary members we should like to include them, too.

I move the adoption of this report.

Motion seconded and carried.

DR. PAUL FITZGERALD, CHAIRMAN: I should like to present the report of the A.D.A. Relief Committee. Before reading it, I might say that I wrote Dr. Hillenbrand asking for the total amount turned in by the North Carolina Dental Society. He referred my letter to Dr. Boland. I have not heard from Dr. Boland yet, but when I do if he reports a larger amount than mine I will put it in.

Dr. Fitzgerald then read the report of the Relief Committee, which was adopted.

REPORT OF THE A.D.A. RELIEF COMMITTEE

The amount contributed to the Relief Fund for 1946 and turned over to the American Dental Association is $$699.15.

The amounts contributed by the various districts are as follows:

First	$236.00
Second	175.00
Third	121.00
Fourth	71.00
Fifth	96.15
TOTAL	$699.15

There is a movement on foot at the present time to do away with the Christmas seals and the collections for the Relief Fund such as we have had for the past years and to imbody the amount of $1.00 in the annual dues to take care of this feature of our organization.—Paul Fitzgerald.

DR. D. L. PRIDGEN, CHAIRMAN: Mr. President, your Committee on Constitution and By-Laws would like to ask your consideration of the revised Constitution and By-Laws, which we hope you will approve. The revisions were read at the previous meeting of the House of Delegates; and all were approved except Section 21 of Article I of the By-Laws, Trustees of Relief Fund, for which a substitute section was approved. I suppose it should come up for adoption or rejection at this time.

There is one thing that I think in all fairness I should mention. There are ideas coming up all the time on this thing, and it seems to me we have to draw the curtain somewhere. There is some discussion, however, of Article V, Section 4, of our By-Laws, relating to dues after a man has been dropped from the roll and as to exactly how he shall be reinstated. As I interpret the Constitution and By-Laws, that man has to be re-elected, has to be voted on again, in other words, by the payment of the current year's dues plus penalty of a like amount. In practice it has not always

worked like that. At least one of the districts has raised that question, and the members think it should be clarified. I mention that just in case anyone wishes to discuss it.

THE PRESIDENT: In order for a man to become a member of the State Society he has to pass through the channels of the district society, and wouldn't that be a matter for the district society?

CHAIRMAN PRIDGEN: That is my opinion. The Article states that when a man becomes a member of the district society he automatically becomes a member of the State Society.

PRESIDENT MEDLIN: I think that might be left to the district societies to handle as they see fit.

DR. HUNTER: While we are discussing the proposed changes in the Constitution and By-Laws I should like to mention something that has occurred to me on several occasions; and today at the Bulletin Conference several of us discussed it, it seemed to me with your approval, that it would be a good idea to make one addition to the present proposal in that the secretary of the State Dental Society, that they be required at some time soon after the time of their election to call a meeting of all the officers of each district, at which time the secretary (as well as the other officers, but particularly the secretary) would be instructed in the routine matters simply to make it uniform througout the districts. I think it would make it considerably easier for the secretary to receive that instruction instead of its just being handed down by his predecessor. One other thing that could be accomplished in that would be creating a uniform bookkeeping system for the districts. That would probably relieve the individual secretary of a good deal of work.

I should like to hear that discussed and, it it is possible, see such an article incorporated in the proposed revision of the By-Laws.

PRESIDENT MEDLIN: I do not see how it would be feasible to do that at this time. We stayed here a long time yesterday afternoon and discussed this. I think these further changes might be worked out and presented at some other time.

DR. PRIDGEN: Perhaps that could be accomplished through the office of the President-Elect, who is designated as the supervisor of districts.

DR. POINDEXTER: I move that we adopt the Constitution and By-Laws as presented and revised yesterday.

DR. ALFORD: I should like to amend that to provide that the revised Constitution and By-Laws become effective as of now.

PRESIDENT MEDLIN: Dr. Poindexter, do you accept the amendment?

DR. POINDEXTER: Yes, sir.

Motion seconded, as amended.

PRESIDENT MEDLIN: All in favor of the adoption of the Constitu-

tion and By-Laws as read and revised yesterday say "Aye". Those opposed, "No". The motion is carried unanimously.

Dr. Johnson has a matter he wants to bring up.

DR. B. MACK JOHNSON: You remember that Dr. Fleming, in making his report yesterday afternoon, requested that the books of the Relief Committee be audited from 1908 up to date. Your President appointed me as a committee to audit those books, and I have done it and find that they tally with the report that Dr. Fleming made and that they are up to date.

I move that this report be adopted.

Motion seconded and carried.

DR. JOHNSON: Mr. President, while I am on my feet, I wish to say that I think Dr. Fleming and his Committee should be recognized and given an expression of appreciation for their wonderful work. Therefore I move that we give them a rising vote of thanks.

The members arose and applauded.

PRESIDENT MEDLIN: Are there further reports ready at this time?

SECRETARY SANDERS: Mr. President, I have had a few reports mailed and handed to me today. I have a report from the Insurance Committee, of which Dr. Harry L. Keel is Chairman, and the report of the Socio-Economics Committee, of which Dr. G. A. Lazenby is Chairman.

Dr. Sanders read the above-named reports and moved their adoption. Motion seconded and carried.

REPORT ON INSURANCE COMMITTEE

The insurance committee of the North Carolina Dental Society does not recommend any changes whatsoever in our insurance set up at this time.—H. L. Keel.

REPORT OF THE SOCIO-ECONOMICS COMMITTEE

Our committee wishes to report that we find the Dental Profession in a very healthy and progressive state, and ready and willing to assume it's part in the rehabilitation of things in this post war period. We think there is probably an unequal distribution of Dentists, as yet, which makes a very heavy burden in some communities.

The Veterans Administration has undertaken a fine thing for the ex-service man, but it seems to be top heavy with endless correspondence, long range diagnosis, and much delay, before the returned veterans can receive satisfactory dental treatment.

We wish to congratulate the various Committees and the leaders in the Dental profession for their alertness, and perseverance in fighting for the preservation of the profession as it now exists. The profession, as a whole joins with their leaders in this problem, with the determination that

Dentistry must not suffer from outside influences, and shall continue to rank with the other fine professions of the world.—G. A. Lazenby.

SECRETARY SANDERS: There is also a report handed to me of the "Veterans North Carolina Dental Society"—that is the way it is headed. Dr. E. D. Baker is Chairman. That is rather lengthy, and if there are no objections I move that it be read into the proceeding by title and that it be adopted. I should like that motion to apply also to the report of the Military Affairs Committee, Dr. P. B. Whittington, Chairman, which has been handed to me.

Motion was seconded and carried.

VETERANS OF THE NORTH CAROLINA DENTAL SOCIETY

At the 1946 North Carolina Dental Society meeting in Pinehurst, May 6, 7 and 8, a breakfast was held for the ex-servicemen. Dr. Kenneth Johnson of Raleigh presided. Dr. H. O. Lineberger, the military affairs representative, was present. These men welcomed the ex-servicemen on behalf of the society.

It was decided to organize a veterans' group in the North Carolina Dental Society. Dr. B. N. Walker, Charlotte, was elected chairman and Dr. E. D. Baker of Raleigh, secretary. The chairman appointed the following Planning Committee:

C. D. Eatman, Rocky Mount, Chairman
R. E. Lessem, Fayetteville
H. N. Hunsucker, Greensboro
F. B. Bell, Washington
W. E. Campbell, Durham
T. L. Blair, Winston-Salem
H. F. Civils, New Bern
R. R. Shoaf, Lexington
P. B. Whittington, Greensboro

These men were asked to meet before the next meeting to draw up plans for the new society.

The meeting adjourned.—Tuesday, May 7, 1946.

The next meeting of the veterans' group was held at the Carolina Hotel Card Room, Pinehurst. Dr. Bernard Walker, Chairman, presiding.

The Chairman called the meeting to order and asked for a report from the Planning Committee appointed at the breakfast meeting. Dr. C. D. Eatman, speaking for the committee made the following proposals:

1. Society to be an organization or veteran dentists of North Carolina, a component part of the North Carolina Dental Society.

2. Purpose of the society is to aid in any way possible to solve the problems of returning dentists, such as acquiring dental equipment, office space, temporary associate-ships, etc.

3. Any veterans of either World War I or II, who is a member of the North Carolina Dental Society and has an honorable discharge from service is eligible for membership.

4. Dues to be $3.00 to build up a working fund for the organization.

The proposals of the committee were approved and adopted by the society.

The Chairman called for an election of officers for the new society and the following were elected:

President: Dr. B. N. Walker, Charlotte

Vice-President: Dr. C. D. Eatman, Rocky Mount

Secretary and Treasurer: Dr. E. D. Baker, Raleigh

President Walker appointed the following men to represent the activities of the Veterans' of the North Carolina Dental Society in the various districts:

First District: R. R. Hoffman, A. D. Abernethy

Second District: R. R. Shoaf, L. L. Ezzell

Third District: P. B. Whittington

Fourth District: J. Henry Ligon, Jr., W. K. Lindsey

Fifth District: E. L. Eatman, A. T. Jennette

The Secretary was instructed to collect dues, issue membership cards and get together all available information on acquiring government surplus dental equipment and mail out circular letters to all veterans.

There being no further business, the meeting was adjourned. Tuesday, May 7, 1947, 12:00 noon.

SECRETARY'S REPORT FOR YEAR—May 7, 1946 to May 5, 1947

During the year the society has grown from 54 to 76 members. We have distributed two circular letters, June 28, 1946 and September 15, 1946 containing information which was thought to be helpful to veterans in obtaining surplus dental equipment. Quite a large number of veterans have been successful in getting equipment.

We are indebted to Dr. E. A. Branch and Miss Caroline Mercer of the State Department of Oral Hygiene for stenciling and memeographing our circular letters. Also to Dr. H. O. Lineberger for many helpful suggestions.

NECROLOGY

The many friends of Dr. H. E. Coleman of Warrenton, were shocked and grieved to learn of his untimely passing. Dr. Coleman served overseas with the Army where he was taken sick. Shortly after his discharge and resuming practice in Warren, he was again stricken with the illness from which he never recovered. He was a graduate of the Medical College of Virginia, Class of 1938. May 5, 1947.

FINANCIAL STATEMENT 1946-47

Membership dues (76 at $3.00)		$228.00
Disbursements:		
Stationery	$13.10	
Cards	3.50	
Stamps	14.60	
Total disbursements		31.20
Credit Balance, May 5, 1947		$196.80

—E. D. Baker, *Secretary*

REPORT OF THE MILITARY AFFAIRS COMMITTEE

The Military Affairs Committee held its first meeting Sunday, September 1, 1946 in Greensboro. Dr. William D. Lanier, Chief, Dental Division of the Veterans Administration in Richmond, Virginia, met with the Committee. The members of the Committee present were: P. B. Whittington, Jr., Chairman, H. O. Lineberger, David Tuttle, and Coyte Minges.

The Veterans Administration's fee schedule for participating dentists was discussed at length, and was finally approved as submitted by the Veterans Administration by a unanimous vote.

The Committee made arrangements to have Dr. Lanier attend all of the district meetings. At these meetings, he made every effort to explain, in detail, the workings of the Vetrean's program. I personally attended most of the district meetings with Dr. Lanier, and wish to commend him for his untiring efforts to see that this program works as smoothly as possible. He is with us again, at this meeting, to further explain the program and iron out any difficulties the dentist are having.

Dr. Louis Renfrow, Chairman of the War Memorial Committee, requested of us a list of men, in our profession, who died in action, or of disease during World War I and II. We were very fortunate, so far as we could find out, to have lost none of our men in either War.

If this report is incorrect, this committee would greatly appreciate any information on this matter.—P. B. Whittington, Jr.

Dr. C. A. Graham, Chairman, read the report of the Committee on Education of Negro Dentists and moved its adoption, which motion was seconded.

REPORT OF LAISONS COMMITTEE TO THE OLD NORTH STATE MEDICAL, DENTAL AND PHARMASEUDICAL SOCIETY*

Our State legislature enacted laws this year whereby a student loan fund is available up to $1,000.00 per year. This fund may be used by negroes too, and may be repaid by working for the State Board of Health.

Since we need more negro dentist in the State we should encourage good negro men to our respective communities to take advantage of this loan.

*This Committee title was changed from, Education of Negro Dentists—Ed.

We have let the negro dentist of the state know that members of our society will be glad to appear on any of their dental programs. They have taken advantage of this offer and assure you they appreciate the many things we have been able to do for them.—C. A. Graham.

PRESIDENT MEDLIN: Is there any discussion?

DR. POINDEXTER: I want to ask if this loan is contingent upon their working for the State Board of Health.

THE PRESIDENT: I think this is a different thing, Dr. Poindexter. I think this is connected with the North Carolina Medical Care Commission fund.

DR. POINDEXTER: I think that is the one Dr. Branch had in mind.

THE PRESIDENT: What did Dr. Branch say?

DR. POINDEXTER: He said they would be encouraged to go into rural locations.

Motion to adopt put to vote and carried.

SECRETARY SANDERS: Mr. President, I have the report of the Committee on Membership. I should like to read that into the proceedings by title and move that it be adopted.

Motion carried.

REPORT OF SECRETARY ON MEMBERSHIP

New members during the past year from the First District were: Charles Abernethy, H. T. Boyles, W. S. Clayton, Clinton Dierck, J. W. Faucette, Julius N. Hill, C. P. Kyles, J. T. Mize, James Price.

Second District: Edward U. Austin, Duke P. Conduff, J. R. Crawford, J. C. Farthing, Jr., John W. Gibbs Thomas N. Hamer, Dwight A. Jackson, Clyde A. Jarrett, Jr., Winford J. Kiser, Donald W. Morris, John J. Richardson, Jerome G. Rehm, John T. Rogers, Fleming H. Stone;

Third District: Clell S. Caldwell, M. L. Cherry, Webb C. Howell, Jr., Jan Floyd King, Walter E. Pederson, Glen R. Penny, C. B. Pratt, J. M. Stubbs, Frank T. Webster, B. W. Williamson, Jr.;

Fourth District: P. T. Baker, R. L. Bridger, Jr., James H. Edwards, Walter H. Finch, Thomas S. Fleming, J. Y. Hinson, Broadus E. Jones, Jr., Robert E. Lessem, S. H. Massey, Jr., S. J. Potts, Robert H. Gilbert;

Fifth District: Karl F. Ehrlick, W. L. Hand, Jr., B. P. Marshbanks, F. D. Bell, Alton R. Fales, F. G. Harris, Nelson D. Large, R. T. Moore, Abner F. Riggs, William L. Rudder, Henry S. Zaytoun, James McKee Zealy.—C. W. Sanders.

SECRETARY SANDERS: I also have the financial statement of the North Carolina Dental Society. I will not read all of it but only the summary.

NORTH CAROLINA DENTAL SOCIETY FINANCIAL STATEMENT
May 6, 1947

Brought Forward as per Audit, May, 1946	$ 3,851.89
Invested in Government Bonds	6,340.00
Received from:	
First District	1,914.00
Second District	1,818.00
Third District	1,248.00
Fourth District	936.00
Fifth District	1,182.00
Life Members	702.00
Exhibit Space Sold and Miscellaneous	3,689.00
Total Assets	$ 21,680.89

LIABILITIES

Telephone and Telegraph	$ 95.20
Postage	59.40
Supplies	116.26
Miscellaneous Expenses	2,594.40
Paid A.D.A. for Membership Dues	3,827.00
Paid A.D.A. for Life Members	702.00
Total Liabilities	$ 7,394.26
Cash in First Citizens Bank & Trust Company	7,946.63
Invested in Government Bonds	6,340.00
Net Worth	$ 14,286.63

C. W. Sanders, *Secretary-Treasurer*

SECRETARY SANDERS: I move that the financial report be adopted. Motion seconded and carried.

The report of the Superintendent of Clinic Committee, Dr. J. T. Lasley, Chairman, was read and was adopted.

THE SUPERINTENDENT OF CLINIC COMMITTEE

This committee contacted and supplied their needed requirements in every way possible. We hope that our efforts have been reflected in a pleasing manner in which the meeting has been conducted.—J. T. Lasley.

PRESIDENT MEDLIN:

If there are no more reports to be presented, the meeting stands adjourned.

Whereupon, at 5:30 o'clock p.m., the second meeting of the House of Delegates adjourned.

The banquet of the North Carolina Dental Society was held in the main dining room of the Carolina Hotel on Tuesday evening, May 6, 1947, beginning at six-thirty. Dr. Walter T. McFall was toastmaster.

DR. J. S. BETTS: Almighty, all-wise, and everlasting God, we lift our hearts to Thee in adoration and praise and thanksgiving that Thou, in Thy mercy, hast spared us, Thy unprofitable servants, to this glad hour. We thank Thee for the pleasure which comes of meeting old acquaintances and forming new friendships. May they steady, strengthen, simulate and sweeten life for each of us. We thank Thee for the health of our bodies and the right exercise of our minds. We thank Thee for the opportunities and successes and triumphs which have been ours during the year just past. May we reach after and feed upon the higher things of life during the coming year and not fill our bellies with the husks that the swine do eat.

Give us courage to face the uncertainties of the year that stretches before us with its lights and its shadows, its trials and its triumphs, ever cultivating the lifted look and the upward gaze.

We thank Thee for the many happy homes represented here, for sweet is the smile of home where loves abides. Let Thy watchful eye guard and shield and shelter those dear companions who are caring for the interests of our homes during our absence; out of the plenitude of Thy love and mercy we pray Thee that, during the silence and shadows of each night, Thou wilt be closer to them than breathing and nearer than hands and feet. Let the balm of Thy presence and the thrill of Thy touch be ever felt in their lives.

Help us to realize that Thou hast given us, all and each, a guiding light, a star called faith, a faith which sweeps the heavens and outreaches the stars, which expresses itself in little deeds of kindness and little words of love, making this old world an Eden, like to Heaven above.

Forgive our sins and shortcomings and guide our feet into paths of usefulness and service, we ask in His name. Amen.

TOASTMASTER McFALL: The Past President's Emblem will be presented by Dr. C. C. Poindexter.

DR. POINDEXTER: Mr. Toastmaster, ladies, and gentlemen, in carrying through our regular policy of awarding a Past President's Medal to our outgoing President, I ask Dr. Medlin please, to come nearer.

Erbie, it has been well said that when the sense of duty dies in man all is gone. It seems that pratically ever since I have known you, you have held some sort of office. It is recalled that you were Editor of the Third District, and you were also President of the Third District. Later you

served three years as Secretary of the North Carolina Dental Society. Due to the cancellation of our meeting in 1945 you served two years as Director of Districts and President-Elect, and finally you came to the high office of President.

These honors did not come to you without full consideration of your interest in and your work for the profession. You have repeatedly served on some of the most important committees of the State Society. Undoubtedly you have had something to do with the planning of and the arrangements for more dental meetings than any other man in North Carolina. This, the State organization, has been in the habit of coming to Pinehurst and this hotel quite often; the Third District Society has been going to Southern Pines about as often; and you have had a big part in staging all these meetings.

When you relinquish the gavel at noon tomorrow you will be classed more or less as a has-been. But within you that same sense of duty still burns, and you will go back to your office and come back to your District and State Societies and there, with a hand rich in experience, join again the ranks of your colleagues in a renewed effort to make dentistry in your community and in your State an even more honored profession.

For an appreciative membership I am pleased to present to you this, the Past President's Medal of the North Carolina Dental Society, and to say to you that in your leisure moments you may relax and be happy in the thought of your achievements for dentistry, for the public, and for yourself.

PRESIDENT MEDLIN: Ladies and gentlemen, I want to thank Dr. Poindexter for these very kind words. I am reminded of a statment that I heard made once, that a man can handle his enemies pretty well but in the hands of his friends he is helpless. I just want to say to all of you here this evening how humbly grateful I am for this token, and I shall strive to wear this medal in a manner that will reflect credit upon the North Carolina Dental Society.

TOASTMASTER McFALL: We come now to the high light of this meeting. Our speaker this evening is a leading Baptist minister, a man who has held pastorates in Kentucky and Virginia and then was smart enough to come to the best state in the Union, so he is now in North Carolina. He is not only a masterful preacher but is a man among men, a man whose services and intellect are sought out all over the United States, a man who has a tremendous ability for studying industrial strife on an understanding basis that makes capital and labor appreciate both themselves and their job and the public interest. I am happy to have the privilege to present to you Dr. George D. Heaton, Pastor of the Myers Park Baptist Church, Charlotte.

DR. HEATON: Dr. McFall and Mr. President, I am quite sure you will understand when I say that, next to the time when I followed a fan dancer in delivering an after-dinner address, this is about the toughest spot I have ever been in.

It seems a significant thing to me in North Carolina when a group of professional men and their wives gather together not only to discuss the techniques and skills that are needful in their profession and not only to discuss their ideals but also to discuss the fact that if there is to be any dental profession at all it has to be in a world that is made up of a lot of people. It would not be a delightful occasion to find that one has been so anesthetized to social problems by the dazzling achievements of science that the world is falling to pieces. As dentists you not only are technicians but are members of a community. I am not here in any way to inject any sobering mood into an occasion that ought to be joyful; but I should certainly be unfair to you and unfair to our community if I did not remind you that, as citizens in the State of North Carolina, you have a tremendous responsibility and because the men and the women like you have not been accepting that responsibility things have been deteriorating rather than improving. People do not like to hear that kind of talk; we like to put any mood of pessimism or despair behind us. But that is not the mood of scientific realism.

I happened to be out West when the Government was building a great dam out there. Many men were working in the hot sun, pushing their wheelbarrows. All of them were pushing except one, who was pulling his. I was so interested that I asked the man: "Why do you pull your wheelbarrow? It is a lot harder to pull it than it is to push it. Why don't you push it, like the rest of these fellows?" "I tell you, friend," he said, "I just got tired of looking at the things."

I am afraid there are a lot of people in this world that are just trying to put it all behind them and trying to ignore the sobering realities that we face. Just two weeks ago I talked for one-half hour to first assistant for atomic research in America; and that gentleman said, without any restrictions upon repetition, that the saddest thing about America today is that the average American citizen just did not understand how close we all were to complete obliteration and that which occurred in Japan was only a child's play with a fire cracker to that which could now be loosed if war were to come. He said to me: "The amazing thing is that there is not a word that can be said to the thinking people of America to arouse them to the discovery that they are skating on mighty thin ice."

Just the other day the press carried a little news item about an Army base where research is now going on. The reporters were going over the old base with a scientist, who pointed out to them the different buildings of the old base and told what was going to be done with them. As they kept on he pointed to a GI white chapel and said: "You know, we have not found any use for that thing yet." It is mighty dangerous to live in world that possesses enough power to blow itself to bits but has not found any use for the building which houses the revelation of truth whereby men can live together and not destroy themselves. I am saying to you in all earnestness tonight that you have a responsibility that goes beyond your profession; you have a responsibility in community living, a responsibility in the creation of an environment that will be decent and worth while; and for a man to fulfill that kind of responsibility he has to have an understanding of his own basic self worth. It is that kind of thing which science has taken

away from us and which science is now giving back to us. Most of us have had the feeling that in a world as old as this one, populated by as many billions of people as it has been populated by, what we do or think does not amount to very much. But today there is a new principle in science; it is the principle of the tremendous importance of the infinitesimal. If you were to take five hundred thousand atoms of uranium and lay them side by side they would not be the width of a human hair. In each of those atoms there would be 235 neutrons, revolving widly about one proton; and when you remove one of those neutrons from one of those atoms to another atom you set up the chain reaction which destroyed the cities of Japan. If to the Universal God the removal of one neutron from one atom to another is of that importance, how important do you think the thoughts and acts and deeds of man might be? But most of us have minimized ourselves, have minimized the quality of life that needs to be lived in our communities; and the whole world is rapidly disintegrating because the little world around us is disintebrating. If there were enough people in this world that would stop the disintegration that is taking place in the world immediately around them, then the total pattern of disintegration would end at the same time. We may not be able to make a heaven out of this world, but there is no reason for us to let it become a hell.

The second think you must have is social sensitivity. This business of remaining aloof, separate and apart from community problems because one has a profession, is the thing that hands the community over to the element that destroys it. There can be no successful alibi, because the very environ ment in which you seek to prosper is the one which needs your moral and intellectual leadership; and you must be socially sensitive to that environment and know its problems and be brought to an understonding of them. You must care for something besides the money that comes in for services rendered.

When a wagon caravan was going West in the early pioneer days a little white boy dropped off the back of a wagon and was picked up by Indians and reared by them. He graduated from one of our universities, and he also knew all the lore of the Indians. A few years ago he was standing with a friend on a corner in New York City, the busiest city in the world. Above all the noise of traffic and of people he heard a sound he recognized. "Wait a minute," he said to his companion; "I hear a cricket." "You are imagining it", said his friend. "Where would there be a cricket in a city like this, and how could you hear it if there were one?" The man said nothing, but out of his pocket he took a quarter and dropped it on the sidewalk. Everybody stopped as some boys near him sprang to grasp the coin, and in the sudden pause came an unmistakable chirp. You see, you can always hear what you are listening for.

The appalling thing about professional life in America today is that we are listening for the wrong thing. That is true of the ministry and true of the medical profession; it is true of the dental profession; and it has always been true that the professional people of a community have been listening for the wrong thing the decadence of that community has robbed them of the very existence that they thought they were making secure.

Hear, if you will, the parable of the trees of the forest, which wanted a king. They went to the vine and said: "Do thou rule over us." The vine said: "Are we to give up the fruit that makes glad the heart of man, to rule over trees?" They went to the olive and said: "Do thou rule over us." The olive said: "Are we to give up the fruit which is the basis of our economy, to rule over trees?" They went to the fig and said: "Do thou rule over us." The fig said: "Are we to give up the fruit which means so much to the festivity of man, to rule over trees?" Then the trees went to the bramble and said: "Do thou rule over us." The bramble said: "We will, and henceforth you must do as we say, for otherwise we will set fire to the forest and burn you to the very cedars of Lebanon." The trees said: "We will obey you." But later they rebelled, and the brambles set fire to the forests, and the conflagration extended throughout the world, because the brambles had taken over. And it will take place again, because the professional men have stayed in their cloistered offices and refused to take cognizance of the problems of daily living.

My last word to you is this. If we are to fulfill the destiny which has come to us and be worthy of our heritage, then we must understand the common bond we have with all human kind. The hand can not say: "Because I am not the foot I am no part of the body." The eye can not say: "Because I am not the ear I am no part of the body." The dentist can not say: "Because I am not the banker I am no part of the body of this community", just as the minister can not say: "Because I am not the doctor I am no part of the body." But each belongs to the other. There are barriers which stand between us now, barriers of pride and antagonism that are our greatest peril.

A writer tells us a little tale of the islands. Each little island was proud of its insularity as it looked across the waters to the others. At times each island looked across the waters to the continent, and at times the islands saw the great mountain itself. One day, to the amazement of the islands, the waters dried up, and each little island looked down to discover that between it and every other island there was hard, firm soil and that each was a part of the other and that the hard, firm soil went on to the mainland. Each was a part of the continent. Now for the first time, when they saw the great mountain itself, they discovered that each was a part of the mountain, as well. Only by warmth and compassion and understanding, only by recognizing and accepting the corporate responsibility can we birdge these barriers and dry up these waters and discover that all over the State of North Carolina each one of us belongs to the other; and that corporateness and our realization of it is our supreme strength.

I close with this last word, and it is the word that I give to you. In the faith that there can be a better world, in the knowledge that it must be better or it will be no world at all, it is a call for men and women with professional background and scientific accuracy to move in the pattern of adventure in social relationships, even as you follow this pattern in dentistry. Do you remember reading "The Red Pony?" On the next to the last page the old grandfather is standing on the West Coast, with the waters of the Pacific lapping at his feet, talking to his twelve-year-old grandson;

and he is telling they lad how they spanned the continent, across the plateaus, over the mountains, down to the coast. "We were always awestering," he said. "It was a westering as big as God Himself. Then we came to the sea; and the tragedy was, boy, that westering died out of our hearts." The supreme tragedy would be for the spirit of westering in professional men and women to die out now that we have come to the points that divide us. "For I, John, beheld a new heaven and a new earth, for the first heaven and the first earth had passed away, and there was no more sea." Now, the first heaven and the first earth are gone, but the new earth has not come because the seas remain. Out task is to bridge them and to dry them up. As you go out of this convention may it be said of you, as Harry Lauder said: "I could always tell where the lamp lighter was by the trail of light that he left behind." The darkness is great, but a trail of light left behind by you will mark the progress for the new world.

TOASTMASTER McFALL: Thank you so much, Dr. Heaton.

I am sure that we shall all be better folks because of Dr. Heaton's message to us. Now, a practical point of just what he said. Those of us who have been in our profession during these years have looked with a glowing pride to those people who exemplify what we should one day like to become. One of the beautiful things we do in North Carolina is to pay honor to those who deserve honor. So tonight our party and our evening have been dedicated to one who deserves honor as few ever have. At this time I ask Dr. Ernest Branch, a devoted friend over a long number of years, to come forward and say in his inimitable style the things that are in the hearts of us all.

DR. BRANCH: Brother, I want to take you by the hand and tell you that I am going to talk about a man who heard the call about which you spoke. This gentleman heard the call fifty years ago of the North Carolina Dental Society and has served it all that time. He graduated from the University of North Carolina with an A.B. degree and from the University of Maryland with an M.D. degree. I might say that we could call to order here a meeting of the mutual admiration society, because that is exactly what this is. For fifty years Dr. Fleming has devoted the very best he has to dentistry in North Carolina.

You have written the history of our Society, Dr. Fleming; you have watched over it as no other one man has. In season and out you have guided and directed its destiny. The Society loves and honors you, and as evidence of the devotion and admiration of its members it is an honor to present to you this token of their love. In behalf of the North Carolina Dental Society, Dr. Fleming, I wish to present this gift to you. This properly inscribed; I tried to read it but could not get the focus just right to see what is on it, but I want you to know it is all right, anyway.

DR. JOHN MARTIN FLEMING: Ladies and gentlemen, friends, I do not know of any prouder moment in my life, and I do not what to say except that you have overwhelmed me. Dr. Branch spoke of the degrees that I have had in the past, but I had rather have the degree of friendship that you folks have shown me than any honor I can think of. I thank you.

TOASTMASTER McFALL: President Medlin asked me to say that the business session of the Society will convene immediately after we adjourn, which we will do right now.

GENERAL SESSION

Tuesday Evening, May 6, 1947

The North Carolina Dental Society convened in the ballroom of the Carolina Hotel and was called to order by President E. M. Medlin at nine o'clock p.m.

PRESIDENT MEDLIN: The meeting will come to order, please.

According to our Constitution and By-Laws, at eight o'clock Tuesday evening we meet for the sole purpose of electing officers. We are not going to try to railroad anything, but we want to move along as rapidly as possible. There is no point in the North Carolina Dental Society's going to the expense of hiring an orchestra if we are going to have all these beautiful ladies sit around all evening while we argue.

The first office to be filled is that of president-elect of the North Carolina Dental Society. Do I hear any nominations?

DR. K. L. JOHNSON: Mr. President, it is my honor and pleasure to nominate a man here tonight for president-elect who needs no introduction to this group. His efforts and accomplishments need no restating, so without further words I wish to nominate my friend and yours, Dr. C. W. Sanders, for president-elect of the North Carolina Dental Society.

THE PRESIDENT: You have heard the nomination of Dr. Sanders for president-elect. Are there further nominations?

DR. EDWARDS: I move that the nominations be closed, that the rules be suspended, and that the unanimous vote of the North Carolina Dental Society be cast for Dr. Sanders for president-elect.

Motion seconded, put to vote, and carried.

PRESIDENT MEDLIN: It is a great pleasure for me to cast the unanimous vote of this Society for a man who deserves it so much, Dr. C. W. Sanders, of Benson.

Dr. Sanders, we should like to have a word from you.

DR. SANDERS: Gentlemen, I wish to thank you for this great honor that you have bestowed upon me this evening. I feel that it is an indorsement of the work I have tried to do in attempting to carry on the activities of the North Carolina Dental Society during the last three years inasmuch as they pertain to the office of secretary-treasurer.

It has been a pleasure to do this work. I appreciate very much the help you have given me. Each time I have approached you, you have assisted me in the most gracious way possible.

Please let me say that I will attempt in every way to carry on the work of the Society in the way my predecessors have conducted it in the past.

Thank you very much.

PRESIDENT MEDLIN: To prove to you people that I am not a politician, I have overlooked a very important point in the election of officers, and that is the appointment of the tellers. They were not needed, however, in this instance, but I will appoint them now to serve in case they are needed. I ask Dr. Z. I. Edwards, Dr. Frank W. Kirk, and Dr. Howard Branch to serve in this capacity.

The next office for your consideration is the vice-presidency of this Society. Do I hear a nomination?

DR. WILBERT JACKSON: Mr. President, it is my pleasure to place in nomination Dr. L. J. Moore, of St. Pauls, for vice-president of the North Carolina Dental Society.

Nomination seconded.

PRESIDENT MEDLIN: Are there any other nominations?

A MEMBER: I move that the nominations be closed and that the unanimous vote of the Society be cast for Dr. Moore.

Motion seconded; carried.

PRESIDENT MEDLIN: I ask the Secretary to cast the unanimous vote of the Society for Dr. Moore.

SECRETARY SANDERS: Mr. President, it gives me much pleasure to cast the ballot of the North Carolina Dental Society for Dr. L. J. Moore as vice-president.

THE PRESIDENT: Dr. Moore, we should like to hear from you.

DR. L. J. MOORE: Mr. President, I have never had anything in my life surprise me more than this, but I appreciate it a great deal and will do my best to cooperate with the other officers and the members of this Society in every way possible. I thank you.

PRESIDENT MEDLIN: Gentlemen, we now come to a position in the Society which involves no work at all; it is just one of the easiest, softest jobs that anybody ever had, that of secretary-treasurer.

DR. CURRENT: You must bear with me for one moment, but I want to say that in the years in which it has been my pleasure and honor and privilege to be a member of the North Carolina Dental Society I have observed that the man who fills the position of secretary-treasurer of your society usually graces the presidency before he is through. I would not stand before you and place in nomination a man if I had the slightest doubt that he could grace that place, also, or any other place in the North Carolina Dental Society. Therefore it becomes my very great pleasure to place in nomination for secretary-treasurer of this Society my long-time friend, a man whom I know to be a gentleman in every respect, Dr. R. Fred Hunt, of Rocky Mount.

PRESIDENT MEDLIN: Are there any other nominations?

A MEMBER: I have known Dr. Hunt for twenty-six years, and there is none finer. He will do a splendid job. I have great pleasure in seconding the nomination.

A MEMBER: I move that the nominations be closed and that Dr. Hunt be elected by acclamation.

Motion seconded and carried.

PRESIDENT MEDLIN: I will ask the Secretary to cast the unanimous vote of the Society for Dr. R. F. Hunt of Rocky Mount.

SECRETARY SANDERS: Mr. President, this is a unique pleasure I have this evening casting the unanimous vote on the North Carolina Dental Society for Dr. Hunt as secretary-treasurer.

THE PRESIDENT: I should like very much to give Dr. Hunt a chance to say a word.

DR. R. FRED HUNT: Gentlemen, twenty-three years ago I attended my first state dental meeting, in this hall. At that time I made a resolution to which I still adhere; I resolved at all times and in any way to advance the interest of the dental profession and more particularly that of the North Carolina Dental Society.

It will be a great pleasure for me to serve you as best I can. I realize that there is a great deal of work that goes with this office. Dr. Medlin was secretary, and Dr. Sanders followed him, and they have given you work of the finest caliber, and wish to assure you that every effort will be made on my part to carry on this work as it should be done. If I can in any small way contribute to the advancement of dentistry and of the Dental Society of North Carolina I shall have been repaid. I thank you.

PRESIDENT MEDLIN: We have two members of the Board of Dental Examiners to elect this evening, to succeed Dr. Paul E. Jones and Dr. Neal Sheffield, whose terms expire this year.

I will first entertain a motion for the successor to Dr. Paul Jones.

DR. PAUL FITZGERALD: Mr. President, Dr. Jones has served us well and faithfully for the last six years and has been very efficient. This evening I wish to present the name of a man who I think will also be thoroughly efficient. I wish to nominate Dr. A. T. Jennette, of Washington, for the place of examiner.

A MEMBER: Inasmuch as it was my pleasure to serve with Paul Jones for seven years in the same capacity on the Board of Examiners I would have some reluctance in seeing Dr. Jones take a back seat except for the fact that the man who has been nominated will be a worthy successor. I therefore take great pleasure in paying tribute to Dr. Jones and in seconding the nomination of Dr. Jennette.

THE PRESIDENT: Are there further nominations?

DR. J. F. DUKE: I feel that I am in position to know as much of the qualifications of Dr. Jennette to fill this very important position as anyone else in the State. After World War I it was my privilege to locate in his native city. I knew him then as a high-school boy. After his graduation from dental college it has been my privilege to follow his career from that good day to this. I knew him even before he was married, and I realized that in him was the possibility of a fine professional man. Since being married and being under the influence of the noble traits of a most charming wife he has really developed and come into his own. He is one of the finest fellows anyone ever had the privlege of practicing with. He is ethical to the nth degree, and from the standpoint of a dentist I consider him one of the finest operators in the State. When the war clouds began to hang over us he closed his office to a busy practice and volunteered his services to his country. After serving in many important posts in this country he served in Belgium, Holland, France, and Germany; and he was decorated by the French Government. Since he has come home he has been motivated by the same high ideals that influenced him in the years gone by. I say to you it is a pleasure and honor to me to second the nomination of my fellow townsman, A. T. Jennette.

DR. Z. L. EDWARDS: I do not believe there is a finer Christian gentleman in the State of North Carolina than Dr. Jennette. We are friends, and a lot of times that is not true in a town as small as ours. There are four of us there now, and I do not believe you will find any more congenial group in any town in North Carolina. It gives me a great deal of pleasure to second the nomination of Dr. Jennette for the Board of Examiners.

A MEMBER: I move that the nominations be closed and that Dr. Jennette received a unanimous vote.

Motion seconded and carried.

THE PRESIDENT: The Secretary will please cast the vote.

SECRETARY SANDERS: Mr. President, it gives me a great deal of pleasure to cast the unanimous vote of the North Carolina Dental Society for Dr. A. T. Jennette as member of the North Carolina Board of Dental Examiners.

PRESIDENT MEDLIN: Dr. Jennette, will you give us a word,

DR. A. T. JENNETTE: Mr. President, I want to thank the gentlemen for all they have said. I thank you for this honor, and I am going to do the best I can.

PRESIDENT MEDLIN: Nominations are now in order for a successor to Dr. Neal Sheffield on the Board of Examiners.

DR. C. C. POINDEXTER: Mr. President and members of the State Dental Society, three years ago this body chose and chose wisely a man for the Board of Dental Examiners. Even at that time its selection was by no means an experiment, for the gentleman chosen had, in many capacities and over a considerable period of time, given the finest sort of service to this organization. I know the character and ability of this man. You gentlemen know that in Neal Sheffield our Board has had a safe and dependable

member. To be a little surer that the Board will retain the high degree of efficiency and prestige which it now has, it is my pleasure and honor to propose Dr. Sheffield to succeed himself on the North Carolina State Board of Dental Examiners.

A MEMBER: Mr. President, I want to make a motion that we close the nominations and elect him by acclamation. Neal Sheffield has had just enough experience on the Board to be effective, and I think we should do well to keep him as a member.

Motion seconded and carried.

PRESIDENT MEDLIN: The Secretary will cast the vote.

SECRETARY SANDERS: It gives me a great deal of pleasure to cast the unanimous vote of the North Carolina Dental Society for Dr. Neal Sheffield to succeed himself as a member of the State Board of Dental Examiners.

PRESIDENT MEDLIN: The President is not supposed to say anything, but I am going to call upon Neal Sheffield.

DR. NEAL SHEFFIELD: I want to thank you all from the bottom of my heart for conferring this honor upon me for the second time. I will do my very best to serve our profession well.

PRESIDENT MEDLIN: It is now in order to select a delegate to the American Dental Association.

DR. G. FRED HALE: Mr. President, since Dr. Lineberger does not have anything to do, he is being only head of the State Hospitals Board of Control and on many committees of the A.D.A., while in addition he has to make a living for himself and his family, I think we might give him something to do. I therefore wish to nominate Dr. Lineberger to succeed himself.

Nomination seconded. Motion to close the nominations and that the Secretary cast the unanimous vote of the Society for Dr. Lineberger. Seconded and carried.

SECRETARY SANDERS: Mr. President, I am happy to cast the unanimous vote of the North Carolina Dental Society for Dr. H. O. Lineberger, who will succeed himself as North Carolina's Delegate to the American Dental Association.

PRESIDENT MEDLIN: Where is Dr. Lineberger?

DR. H. O. LINEBERGER: Mr. President and members of the North Carolina Dental Society, I want to assure you of one thing, that I am going to do everything I can from now until the meeting in Boston and while I am in Boston to elect a North Carolinian as president-elect of the American Dental Association.

PRESIDENT MEDLIN: You know, gentlemen, the membership of the North Carolina Dental Society has gone to seven hundred now, which entitles us to three representatives. The recent change in the Constitution and

By-Laws makes the president-elect and the president automatic delegates to the A.D.A. So we have on our list of three Dr. R. M. Olive, of Fayetteville, President, and Dr. C. W. Sanders, President-Elect.

Nominations are now open for five alternate delegates to the American Dental Association.

DR. PAUL FITZGERALD: I wish to place in nomination as the first alternate a man who will serve us well in that capacity and who will serve us well especially if he is called upon to represent us as a delegate. I refer to Dr. Walter T. McFall, of Asheville.

DR. A. S. BUMGARDNER: I should like to nominate Dr. Frank O. Alford.

A MEMBER: I nominate Dr. Paul Fitzgerald.

DR. S. R. HORTON: I second the nomination of Dr. Paul Fitzgerald.

A MEMBER: I nominate Dr. Charles D. Eatman, of Rocky Mount.

A MEMBER: I should like to nominate Dr. C. C. Poindexter.

A MEMBER: I move that the nominations be closed and that the Secretary cast the unanimous vote of the Society for the five gentlemen who have been named.

SECRETARY SANDERS: Mr. President, I hereby cast the unanimous vote of the North Carolina Dental Society for Dr. Walter T. McFall, Dr. Frank O. Alford, Dr. Paul Fitzgerald, Dr. Charles D. Eatman, and Dr. C. C. Poindexter as alternate delegates to the American Dental Association.

PRESIDENT MEDLIN: The next order of business is the selection of a meeting place for next year.

DR. WALTER T. McFALL: Mr. President, we should like to extend an invitation to the Society to meet in Asheville in 1948.

A MEMBER: I move that we go to Asheville.

THE PRESIDENT: Are there any other invitations?

A MEMBER: I should like to second the motion.

PRESIDENT-ELECT OLIVE: Probably many of us have not though about it, but you know we still have a turmoil going on all over the United States, and it is hard to get places to stay. If Walter McFall can guarantee that we can get rooms in Asheville I think we should like to go.

DR. McFALL: We have eleven hundred rooms in the city of Asheville. No one hotel can take us. The Battery Park and the George Vanderbilt Hotel and the Grove Park Inn and the Manor would be the hotels. I have in my pocket a certified listof hotel rates. No individual room will cost a member more than six dollars.

Motion put to the question and carried without a dissenting vote.

A MEMBER: It is very gratifying that our membership has increased

to the point that we are allowed another delegate. I just want to say this. We have a lot of men out on the highways and byways who are not members of the Society. I wonder if the Secretary of the Society and the Secretary of the Board could not get together and check up on these men then if we could not go after the non-members and get them enrolled in the Society. I should like to see the North Carolina have one hundred per cent of the dentists in the State as members if it is possible to do that.

PRESIDENT MEDLIN: You might take that up with Dr. Fred Hunt, our new secretary-treasurer.

Is there any other business? (No response.) If not, the meeting is adjourned. The House of Delegates will meet again tomorrow at ten o'clock a.m.

Whereupon the second meeting of the House of Delegates adjourned p.m.

HOUSE OF DELEGATES

May 7, 1947

The third meeting of the House of Delegates was held in the ballroom of the Carolina Hotel, Pinehurst, on Wednesday morning, May 7, 1947, beginning at ten-ten o'clock, with the President, Dr. E. M. Medlin, presiding.

PRESIDENT MEDLIN: The meeting will come to order, and the Secretary will please call the roll.

The following members answered the roll call:

OFFICERS

E. M. Medlin, *President*
R. M. Olive, *President-Elect*
Marcus Smith, *Vice-President*
C. W. Sanders, *Secretary-Treasurer*

ETHICS COMMITTEE

H. R. Chamblee

BOARD OF DENTAL EXAMINERS

Walter Clark

MEMBER NORTH CAROLINA STATE BOARD OF HEALTH

Paul Jones

EXECUTIVE COMMITTEE

C. C. Poindexter
F. O. Alford S. L. Bobbitt

DELEGATES—FIRST DISTRICT

W. Kermit Chapman Ralph Falls
P. P. Yates

SECOND DISTRICT

J. Donald Kiser — Frank W. K'rk
William A. Ingram

THIRD DISTRICT

F. E. Gilliam — Norman F. Ross

FOURTH DISTRICT

W. W. Rankin — L. J. Moore
J. W. Branham — T. M. Hunter
J. J. Tew

FIFTH DISTRICT

A. L. Wooten — Z. L. Edwards
Paul Fitzgerald — J. F. Duke
Sandy C. Marks

SECRETARY SANDERS: We have a quorum, Mr. President.

THE PRESIDENT: I declare a quorum present, and we are now open for any unfinished business.

DR. PAUL FITZGERALD: Mr. President, I have something here which I should like to get into the record.

Dr. Fitzgerald then read the following:

"At a meeting on April 20, 1947, of the President, the President-Elect, the Secretary, and the Committee on Constitution and By-Laws it was decided to abolish the following committees:

Extension Course Committee. Reason: Not functioning.

Socio-Economics Committee.

Postwar Planning Committee. Veterans Section functioning instead.

Superintendent of Clinics Committee. Clinic Committee has taken over its duties.

Dental Hygienists Committee. This work is finished.

Professional Relations Committee. Superseded by Prosthetic Dental Service Committee.

Public Relations Committee and Oral Hygiene Committee, whose functions are taken over by the Council on Dental Health."

DR. FITZGERALD: I move the adoption of this report.

Motion seconded and carried.

DR. A. C. CURRENT: Mr. President, I should like to submit the following Report on the President's Address:

The Committee to Report on the President's Address commends our leader for his very timely and comprehensive message. It should, and we

believe that it will, become a challenge to every dentist to put forth a greater effort to serve our people through genuine professional channels.

Dr. Medlin has refreshed our memory upon dentistry's noteworthy achievements of the past; he has covered our possible future with a clear perspective. The Committee to Report on the President's Address therefore recommends that it be adopted as read, with one exception. The renewal license fee, in the opinion of this Committee, should be increased to five dollars a year instead of being fixed at four dollars, as recommended in the address.

Respectfully submitted,
A. C. Current
G. Fred Hale
Darden Eure

DR. CURRENT: Mr. Chairman, I move the adoption of this report.

Motion seconded and carried.

THE PRESIDENT: Are there any further reports?

DR. OLIVE: I have the Membership Committee report. I am sorry it is not completely up to date as to the membership just before the meeting. We have not had a chance to get the totals.

REPORT OF MEMBERSHIP COMMITTEE

According to the Secretaries records of the five districts in North Carolina, we probably have the largest membership in the history of the North Carolina Dental Society including the new members and those returned from service in World War II as follows: First district 35, second district 40, third 19, fourth district 31, fifth district 27, making a total of 152 new members of which 91 are returned veterans.

According to the State Secretary the district membership is as follows:

First	182
Second	195
Third	149
Fourth	134
Fifth	137
Total	797

The Chairman of this Committee has had an opportunity this year to visit all five districts and it was his pleasure and delight to find the secretaries were all very actively engaged in exercising every possible effort to stimulate interest in the districts to promote the growth which has been accomplished. Most of the members of the Committee have not only been working with their District Society, but have been actively engaged in visiting the smaller group societies organized in various parts of the State to encourage the possibility of securing some of the remaining few members who have not joined the dental society.

According to the records of the American Dental Association, it appears, that the North Carolina Dental Society has this year probably the

largest percentage of paid membership per practicing dentist than any State in the Union.—R. M. Olive.

CHAIRMAN OLIVE: I think at this time we have somewhat over seven hundred.

I move the adoption of this report.

Motion seconded and carried.

THE PRESIDENT: Are there any further reports?

SECRETARY SANDERS: Mr. President, I have a report which was handed to me by Dr. Burke Fox which I should like to read. This is from the Advisory Committee on the Dental Hygienists Association.

REPORT OF ADVISORY COMMITTEE TO DENTAL HYGIENISTS ASSICIATION

The National Association of Dental Hygienists requires a minimum of nine members to organize a local association.

At the present time there are only nine licensed hygienists in this state, of which number I have contacted six, but found two of these to be at present located out of this state.

The girls are anxious to organize as soon as they have the required number practicing in this state, and while at present the committee can do nothing, it may be of serve in helping to form a society within the next year.—Burke W. Fox.

PRESIDENT MEDLIN: What is your pleasure as to this?

DR. SANDERS: I move the adoption of this report.

Motion seconded and carried.

DR. L. F. BUMGARDNER, EDITOR: Mr. President, I wish to submit the following report on the Bulletin:

BULLETIN REPORT
1946-47

During the year the following Bulletins were printed and mailed.

1000 Proceedings September 1946
900 Bulletins (District Issue) September 1946
1000 Bulletins (Membership Issue) December 1946
1300 Bulletins (Program Issue) April 1947
800 Hand Programs May 1947.

Making a total of 5000 publications during the fiscal year.

From the Dental Manufacturing Companies Supply houses and Laboratories enough advertising has been obtained to defray all expenses incidental to printing and mailing. These companies have been very generous and co-operative at all times. No products have been advertised in the Bulle-

tin that were not accepted by the American Dental Association, Council on Dental Therapeutics.

The program of Dentistry in North Carolina is comparable with the best in the country and it is our greatest desire to publish a Bulletin that will be good enough to reflect the high professional standard and scientific accomplishment we have attained. In order to make our Bulletin interesting, timely and accurate, each page of material is carefully edited to accentuate and maintain a dignified scientific atmosphere that it may be classed with the best of its kind in the United States.

The Editor sincerely appreciated the splendid contributions furnished recently for publication. Including scientific articles in the Bulletin is a new feature that has been added in an effort to encourage and foster literary advancement in Dental Science in North Carolina. From the favorable comment already received, this column has met with some degree of success and will be retained as long as it continues to have your support.

It would be difficult to keep the mailing list accurate and authentic at all times if it were not for the excellent co-operation and support given by the District editors and secretaries. To these men your Editor wishes to express greatful appreciation.—L. Franklin Bumgardner.

REPORT ON THE BULLETIN

DR. L. F. BUMGARDNER, *Editor-Publisher*

FISCAL YEAR 1946-47

Balance Brought Forward—May 31, 1946	$ 599.47

RECEIPTS FROM ADVERTISING

Dental Service Shop	55.12
Wernet	29.40
North State Dental Laboratory	18.00
Richmond Dental Laboratory	90.00
Thompson Dental Company	30.00
R. D. Webb Dental Mfg. Company	18.00
Central Dental Laboratory	10.00
Commercial Casualty Insurance Company	30.00
R. & R. Laboratory	10.00
Dairy Council	30.00
John O. Butler Company	30.00
Merrimon Insurance Agency	10.00
S. S. White Dental Mfg. Company	30.00
Corega Chemical Laboratory	29.40
Carter & Ross	40.00
Charlotte Dental Laboratory	30.00
Powers & Anderson	30.00
Buran's Prosthetic Laboratory	30.00
Economy Printing Company	10.00
Rothstein Dental Laboratory	30.00
North State Dental Laboratory	18.00
Ray-Lyon Company	30.00

Woodward Prosthetic Company	30.00
Smith Dental Laboratory	10.00
Raleigh Dental Laboratory	30.00
R. & R. Dental Laboratory	25.00
Economy Printing Company	10.00
Merrimon Insurance Company	10.00
Commercial Casualty Insurance Company	30.00
Thompson Dental Company	30.00
Corega Chemical Company	29.40
Raleigh Dental Laboratory	30.00
Noble Dental Laboratory	40.00
Woodward Prosthetic Company	30.00
Ray-Lyon Company	30.00
Rothstein Dental Laboratory	30.00
S. S. White Dental Mfg. Company	30.00
Central Dental Laboratory	10.00
John O. Butler Company	30.00
Powers & Anderson	40.00
Charlotte Dental Laboratory	30.00
North State Dental Laboratory	18.00
Dairy Council	30.00
Pycopay	29.40
Keener Dental Supply Company	30.00
Smith Dental Company	10.00
Carter & Ross	18.00
R. Lee Toombs Dental Laboratory	30.00
R. D. Webb	18.00
Richmond Dental Laboratory	18.00
Deposit	25.00
Mid Pines	10.00
Pilot Restaurant	18.00
Thompson Dental Company	18.00
Woodward Prosthetic Company	30.00
Merrimon Insurance Agency	10.00
Smith Dental Laboratory	10.00
R. & R. Dental Laboratory	30.00
R. Lee Toombs Dental Laboratory	30.00
Charlotte Dental Laboratory	30.00
S. S. White Dental Mfg. Company	30.00
Central Dental Laboratory	10.00
John O. Butler Company	30.00
Corega Chemical Company	29.40
Southern Pines Chamber of Commerce	10.00
Raleigh Dental Laboratory	30.00
Rothstein Dental Laboratory	30.00
Carolina Hotel	30.00
Dentists Supply Company of New York	30.00
Commercial Casualty Insurance Company	30.00
Buran's	30.00
Ray-Lyon Company	30.00
Pinehurst	10.00

Noble Dental Laboratory	30.00
Economy Printing Company	10.00
Pycopay	27.00
Keener Dental Supply	18.00
Luxene, Inc.	60.00
North State Dental Laboratory	18.00
R. D. Webb	18.00
Richmond Dental Laboratory	30.00
Total Receipts Ending May 31, 1947	$2,736.59

DISBURSEMENTS

1946

Surplus (deductable)	$ 5.04
Postmaster (stamps) July 6	5.01
Economy Printing Company, August 6	17.20
Southern Bell Telephone & Telegraph Company, August 12	15.23
Economy Printing Company, September 2	70.72
Richmond Dental Laboratory, September 6	30.00
Postmaster (stamps) September 16	10.02
Economy Printing Company (October Bulletin)	389.30
Postmaster (stamps) October 2	15.00
Postmaster (stamps) October 14	9.00
Postmaster (stamps) November 13	15.00
Economy Printing Company November 20	15.00
Economy Printing Company (cuts) December 3	37.25
Southern Bell Telephone & Telegraph Company December 16	5.54

1947

Economy Printing Company (January Issue)	$ 408.70
Economy Printing Company (envelopes) January 22	41.50
American Association of Dental Editors, January 27	5.00
Postmaster (stamps) January 28	10.00
Kenneth W. Breen (Photos for Bulletin) February 11	6.00
Southern Bell Tel. & Tel. Company, February 21	.81
Economy Printing Company (art work) March 24	83.32
Postmaster (stamps) April 3	15.00
Economy Printing Company (April Issue) April 15	597.35
Economy Printing Company (Hand Program) May 1	208.80
Southern Bell Tel. & Tel. Company, May 14	19.08
Total Disbursements, Ending May 31, 1947	$2,034.87

Total Receipts, Ending May 31, 1947	$2,736.59
Total Disbursements, Ending May 31, 1947	2,034.87
Cash Balance—May 31, 1947	$ 701.73

DR. BUMGARDNER: I move the adoption of this report.

Motion seconded by Dr. Sanders and carried.

THE PRESIDENT: Are there any further reports?

DR. H. O. LINEBERGER: Mr. President, I am not a member of the House of Delegates, but I should like to take this opportunity to congratulate our Editor upon the fine job he is doing. He is publishing one of the best bulletins in the United States, and I think we should be very grateful to him and should congratulate him.

DR. G. FRED HALE: A few minutes ago a resolution was handed to me as a member of the Resolutions Committee. Now, we have not had opportunity to call the whole Resolutions Committee together, and I am always hesitant of offering anything unless the whole committee has had opportunity to indorse it. That was impossible at the present time, so I offer this to you for whatever action you wish to take on it.

RESOLUTIONS COMMITTEE

We of the North Carolina State Dental Society are highly complimented to learn that one of our distinguished members will be presented, as a Nominee for the office of President-Elect of the American Dental Association at the meeting to be held at Boston, August 3 - 6 inclusive, 1947.

With appreciation of the many and valued contributions which this member has made and inaugurated, and in recognition of his capabilities for future service in the affairs of American Dentistry. The North Carolina State Dental Association wishes to record its enthusiastic support.

Therefore Be It Resolved: The North Carolina State Dental Association goes on record as endorsing the nomination of Dr. Clyde E. Minges, of Rocky Mount, North Carolina, for the office of President-Elect, of the American Dental Association.

Be It Further Resolved: That Delegates from the North Carolina State Dental Society to the American Dental Association meeting in Boston, August 3 - 6 inclusive, are hereby instructed to cast the vote of North Carolina for Clyde E. Minges.

THE PRESIDENT: Do you move the adoption of that resolution?

DR. HALE: I am not a member of the House of Delegates.

THE PRESIDENT: What is your pleasure, gentlemen?

DR. PAUL JONES: I move that we receive it as information.

Motion seconded and carried.

DR. J. J. TEW: I have an application for reinstatement which I think should be brought up before the House of Delegates, from Dr. Nimocks, of Fayetteville. He has paid two years' dues and asks to be reinstated.

THE PRESIDENT: Do you make a motion that he be reinstated?

DR. TEW: Yes, sir, I so move.

Motion seconded and carried.

DR. KISER: I have a member who comes up for reinstatement—Dr. W. R. Fisher of Concord. He has paid his dues for this year and another year. I move that he be reinstated.

Motion seconded and carried.

DR. H. C. CARR: I want to say something about the Extension Course Committee. We have not done a thing. I have talked to two or three of the men, and the reason is that because of the strain we have been under for the past five years it has not been possible to put on any extension courses. Now that times are changing possibly we may be able to do something. Back when we did not have gas and tires we could not do anything, and now everybody is so busy. That is the reason why we have not done anything, because we felt it would be a failure under the present conditions.

PRESIDENT MEDLIN: What is your pleasure on Dr. Carr's report? If there is no objection it will be accepted.

(No objection heard.)

DR. OLIVE: This is one of the committees which we recommended being abolished; if you think it best, however, it could be continued. I should like to hear the opinion of the Society on that.

PRESIDENT MEDLIN: What is your pleasure, gentlemen, as to having a Committee on Extension Courses?

A MEMBER: I move that it be ommitted.

Motion seconded and carried.

THE PRESIDENT: Is there anything further?

DR. FITZGERALD: I should just like to make an observation. Last night, at the banquet, there was quite a disturbance in one part of the hall. I learned that this disturbance was the representatives exhibiting at our meeting. One or two went over there and asked them to behave themselves, and they were very obnoxious at that time. I feel that the North Carolina Dental Society does not need exhibits badly enough for the representatives of concerns exhibiting to disturb the procedure of our convention in any way. If they can not behave in the right way, and cooperate, I do not feel that we need their exhibits.

PRESIDENT MEDLIN: I heard some of that disturbance myself. Perhaps we might bring specific charges.

Are there any other reports?

SECRETARY SANDERS: An attendance report has been handed to me this morning. Several have asked about it. Last year we had a full attendance of 815—members, guests, visitors, everyone. This year we have a registration of 861, which is an increase of 46 over last year.

Someone asked about our paid-up membership to date. When I left the office Saturday we had 684; and we have gotten several at this meeting, which I am sure will run us well over 700, and will entitle us to a third delegate.

THE PRESIDENT: I understand that it is the biggest attendance we have ever had.

DR. POINDEXTER: I should like to get the Secretary to clarify this. We have a man down at Laurinburg who says he has paid for twenty-five years, but according to the Secretary's record he failed to pay for about two years. He is anxious to get in.

THE PRESIDENT: He can get in again, but the continuity is broken. What is his name?

DR. POINDEXTER: His name is Dr. J. L. Gibson, of Laurinburg.

DR. FITZGERALD: I should like to make an observation, more for the convenience of our Editor-Publisher than anything else. I am assuming that we have some of the leaders of each district society here today. It was my privilege in 1930, at Asheville, to speak before the House of Delegates and make the suggestion that all district bulletins be consolidated into one state bulletin, in order to prevent the overlapping of advertising and to help the business firms, so they would be solicited only once and that would before our State Bulletin, on the assumption that, that would strengthen our State Bulletin. The proposal was made and accepted that we have five divisions in the State Bulletin and that each select an editor, which policy we are now pursuing.

I sometimes have the impression that we are a little careless in our districts and a little tardy in reporting the news of the events that take place. I am speaking for the benefit of the district officers and the district editors. If they would take sufficient interest in their particular duty of reporting that part of the procedures in their district to Dr. Bumgardner, so that he would not have to wire them or call them over the telephone or write them and sometimes not get an answer when the Bulletin is about to go out, it would help his office a great deal and would help to improve the Bulletin, and I am sure Dr. Bumgardner would appreciate it.

PRESIDENT MEDLIN: Your remarks are very pertinent, Dr. Fitzgerald, and I hope all the district officers will cooperate with Dr. Bumgardner in getting out the Bulletin. It is a big job.

SECRETARY SANDERS: May I make a correction here. Mrs. Henderson has just handed me some figures, and it seems some men must have registered since I got the figures early this morning. We have 875 registered.

THE PRESIDENT: If there is no further business to come before the House of Delegates I will entertain a motion that we go into the general session.

A MEMBER: I move that the House of Delegates now adjourn and that the Society convene immediately in general session.

Motion seconded and carried, and the House of Delegates adjourned.

GENERAL SESSION

Wednesday, May 7, 1947

The Society convened in general session in the Carolina Hotel ballroom, immediately upon adjournment of the last meeting of the House of Delegates, with President Medlin presiding.

PRESIDENT MEDLIN: The general session will come to order.

The order of business at this time is the installation of new officers. I am going to ask Dr. Norman F. Ross to escort the new president to the platform.

Dr. Ross escorted Dr. R. M. Olive to platform.

PRESIDENT MEDLIN: Bob, you are now the captain of the ship. You have been a recognized leader in dentistry for a great many years. This is a great honor that has been bestowed upon you, and along with it there goes a responsibility. We are coming into a period of time in dentistry when alert and able leadership is going to be very necessary. I know that you are going to fill the bill, because you have a great organization back of you. Dr. Lineberger was telling me this morning what a fine spirit exists among the members of this Society. We are a very closely knit group, and we are going to be right behind you. I wish you much luck, and here is the gavel.

DR. R. M. OLIVE, PRESIDENT: Thank you, Erbie.

DR. J. MARTIN FLEMING: Mr. President, I wonder if I might make a few remarks now, since Medlin has left the chair?

PRESIDENT OLIVE: Yes, sir.

DR. FLEMING: I have been a member for a long time and have attended most of the meetings since 1893, when I got my license. I leave it to the members to say if I have not attended most of the meetings since. In all that time I have never seen a presiding officer who was superior to Dr. Medlin and have seen very few who were his equal or who made the success of the work that he has. A long time ago I served; and when I went down from the chair old Dr. Dabney, of Newton, came to me and shook my hand and said: "Fleming, now is the time to congratulate you. The time is not when you take up the work but when you lay it down." I now want to congratulate Dr. Medlin for the fine work he has done.

PRESIDENT OLIVE: Thank you, Dr. Fleming. You have voiced my sentiments exactly, and I believe every member of the North Carolina

Dental Society feels the same way. During the many years I have been a member of the North Carolina Dental Society I have never missed a meeting, and that is a long time. I have known Erbie Medlin for many years, and he has been a good friend of mine. It has been my privilege to attend all five district meetings with him this year, and I was down in Miami with him. In fact, I have attended twenty meetings this year and so have some idea of what is before us. Medlin has been a lot of help to me. As I told someone, I have been taking lessons under him, as an apprentice.

There is another thing that I think we can be proud of, and that is we do have the cooperation of all the dentists in North Carolina. That is a matter of gratification to me, too. While I have not been in the work like these secretaries who have gotten the honor the hard way, I do have friends like Medlin and Sanders, and so many others, and they will be of much help to me.

I want to say that my heart has always been in dentistry. So many people ask me what is my hobby. If I have a hobby it is dentistry. I want to assure you that, with your help I am going to do everything possible to help North Carolina carry on as it has in the past.

The next officer to be installed is our President-Elect, Dr. Sanders.

Over these many years I have known Sandy, and I do not think we have ever had a finer secretary-treasurer, to my knowledge, although we have had some fine ones. Certainly we have not had a more handsome one. He is a gentleman and a scholar, and any time anybody wants something done he is there to help them. I am sure we are going to have in him, as president-elect one of the finest officers we have ever had. Dr. Sanders, it gives me great pleasure to install you as president-elect of the North Carolina Dental Society.

DR. C. W. SANDERS, PRESIDENT-ELECT: Thank you, Dr. Olive. I appreciate the remarks that have been made; they are quite flattering, to say the least.

It has been a pleasure to serve as secretary-treasurer these last few years and to serve under men like O. C. Barker and Erbie Medlin and to work with you other men. I feel that I have gained a great deal of knowledge and experience, and I assure you that I will do everything possible to fill this office which you have so graciously bestowed upon me, to the very best of my ability.

PRESIDENT OLIVE: I ask Dr. E. G. Click to escort our newly elected vice-president, Dr. Moore to the platform. I congratulate you, Dr. Moore. I live next door to him, and he is one of the finest neighbors anybody could have. It gives me great pleasure to install you as vice-president of the North Carolina Dental Society.

DR. L. J. MOORE, VICE-PRESIDENT: Thank you, Bob. I wish to say to you, gentlemen, that I appreciate this very much. It is more or less just an honor, because I have never heard of a vice-president being of much use to an organization. Therefore I say it is just an honor.

I have been a member of this organization since 1917. I want to say this about Dr. J. Martin Fleming. When I took the Board he was one of the examiners, and he made this suggestion to me when he met me one day on the street in Durham. He said: "You join the North Carolina Dental Society this year. It will be worth a great deal to you." I did that and have never regretted it. The Society has been of great value to me. North Carolina has become one of the leading states in the Union, and I think our Dental Society is on the highest plane of any society in the country. You may count upon me, Bob, to do everything I can to make this administration successful.

PRESIDENT OLIVE: I would like to ask Bill Parker to escort our newly elected Secretary, Fred Hunt, to the platform.

PRESIDENT OLIVE: Fred, we realize we had a job to select a good secretary-treasurer to succeed this worthy gentleman over here, but in considering your qualifications we feel you will make a good successor to Dr. Sanders. You have a hard job, but I am going to stick by you, and I hope you will stick by us.

DR. R. FRED HUNT, SECRETARY-TREASURER: Mr. President and gentlemen, sincerely I want to thank you again for this honor. I think it is a great honor and I think it is a great job, possibly bigger than I can fill. I realize the example that my predecessors have set for me; and I want to assure you that, while I may not come up to the standard they have set, I will not leave any stone unturned in my effort to make the next year progressive for the dental profession in North Carolina. I am sure that you will give us the assistance that you have given the previous administration. Thank you.

PRESIDENT OLIVE: On our program is the installation of two members of the Board of Dental Examiners, the delegates and alternate delegates to the American Dental Association. The Secretary will please read their names, and I ask you to come forward at once.

THE SECRETARY: Dr. A. T. Jennette and Dr. Neal Sheffield were elected to the Board of Dental Examiners. The Delegate to the American Dental Association is Dr. H. O. Lineberger; and the alternates are Walter T. McFall, F. O. Alford, C. C. Poindexter, Paul Fitzgerald, and Charles D. Eatman.

PRESIDENT OLIVE: It gives me great pleasure to install you good men in your respective positions for the coming year. Upon your shoulders rest responsibilties, that I am sure each of you will meet with honor and credit to dentistry.

SECRETARY SANDERS: May I take this opportunity to thank Mrs. Henderson and also Mrs. Longwell for the great help they have been to me and to the district secretaries and the North Carolina Dental Society in taking care of the registration for us, not only this year but in the years past. We do appreciate it very much.

PRESIDENT OLIVE: I should like to read the list of committees for the ensuing year. We officially adopted the new Constitution and By-Laws, which makes necessary some radical changes in some of the committees. The arrangements committee, entertainment committee, and golf committee naturally will have to be changed to the location where the meeting will be next year, which is Asheville. We did not have time to go into detail about getting those committees arranged, and with your permission I should like to announce them later. When they are appointed they will be notified by the Secretary.

I understand that the standing committees will have to be staggered among the districts. We have not staggered them yet, but that will be done later.

NORTH CAROLINA DENTAL SOCIETY COMMITTEES
1947-1948

STANDING COMMITTEES

EXECUTIVE COMMITTEES
A. C. Current (1950), *Chairman*

F. O. Alford (1948)
S. L. Bobbitt (1949)

ETHICS COMMITTEE
W. T. Martin (1951), *Chairman*

Burke Fox (1952)
J. A. McClung (1950)
J. F. Reece (1949)
Oscar Hooks (1948)

LEGISLATIVE COMMITTEE
H. O. Lineberger (1950)
Z .L. Edwards (1952)
Jaul Jones (1951)
John Pharr (1948)
C. C. Poindexter (1949)

PROGRAM COMMITTEE
R. Fred Hunt, *Secretary-Treasurer, Chairman*

Walter McFall
E. M. Medlin
Marcus Smith
Charlie Eatman
J. Donald Kiser

CLINIC COMMITTEE
Walter L. McRae, *Chairman*

L. G. Coble
Ralph Jarrett
Darden Eure
W. M. Matheson

MEMBERSHIP COMMITTEE
C. W. Sanders, President-Elect, *Chairman*

W. D. Yelton
Norman Ross
J. Donald Kiser
J. J. Tew
Sandy C. Marks

EXHIBIT COMMITTEE
J. W. Branham, *Chairman*

L. M. Edwards, Jr.
Riley E. Spoon, Jr.
Jordon Powell, Jr.
Cecil Pless

NECROLOGY COMMITTEE

F. W. McCracken, *Chairman* (1948)

A. S. Bumgardner (1952)
W. T. Ralph (1949)
J. S. Betts (1951)
I. R. Self (1950)

LIBRARY AND HISTORY COMMITTEE

J. M. Fleming, *Chairman* (1952)

B. McK. Johnson (1951)
Alice Patsy McGuire (1950)
L. G. Page (1948)
J. P. Bingham, Sr. (1949)

INSURANCE COMMITTEE

Paul Fitzgerald, Sr., *Chairman* (1952)

Guy R. Willis (1948)
H. Royster Chamblee (1951)
Claude Parks (1950)
S. E. Moser (1949)

PUBLICITY COMMITTEE

Burke Fox, *Chairman* (1951)

O. C. Baker (1950)
K. L. Johnson (1952)
Neal Sheffield (1949
Sandy Marks (1948)

BOARD OF DENTAL EXAMINERS

Walter Clark (1948)
Wilbert Jackson (1949)
D. L. Pridgen (1948)
Neal Sheffield (1950)
Frank Alford (1949)
A. T. Jennette (1950)

CONSTITUTION AND BY-LAWS COMMITTEE

D. L. Pridgen, *Chairman* (1952)

F. O. Alford (1950)
W. K. Chapman (1948)
Paul Jones (1951)
Henry Carr (1949)

PROSTHETIC DENTAL SERVICE COMMITTEE

Walter McRae, *Chairman* (1952)

Paul Jones (1950)
C. C. Poindexter (1948)
Walter Clark (1949)
Frank Alford (1951)

STATE COUNCIL ON DENTAL HEALTH

E. A. Branch, *Chairman* (1952)

W. I. Farrell (1949)
R. Philip Melvin 1948)
Ed. D. Eatman (1951)
R. S. McCall ((1950)

STATE INSTITUTIONS COMMITTEE

Everett Smith, *Chairman* (1951)

G. L. Overman (1952)
E. L. Edwards (1948)
Olin Owen (1949)
Norman F. Ross (1950)

RELIEF COMMITTEE

J. M. Fleming, *Chairman* (1950)

Paul Fitzgerald, Sr. (1952)
J. S. Betts (1948)
Walter Clark (1951)
J. Conrad Watkins (1949)

SPECIAL COMMITTEES

ADVISORY COMMITTEE N. C. MEDICAL CARE COMMISSION

A. C. Current, *Chairman*

W. E. Clark
John A. McClung
H. O. Lineberger
Paul Jones
J. C. Watkins
Wilbert Jackson
Norman Ross
O. L. Presnell
Darden Eure
T. W. Atwood
E. M. Medlin
Charles Eatman
G. Fred Hale, *ex officio*
Clyde Minges, *ex officio*

RESOLUTIONS COMMITTEE

E. M. Medlin, *Chairman*

Worth Byrd
Clyde Minges
P. P. Yates
Everett R. Teague
A. S. Cromartie

DENTAL COLLEGE COMMITTEE

G. Fred Hale
Wilbert Jackson
Paul E. Jones
H. O. Lineberger
C. W. Sanders
J. Conrad Watkins

CLINIC BOARD OF CENSORS

K. L. Johnson, *Chairman*

Darden Eure
L. G. Hair
J. R. Edwards, Sr.
Geo. K. Patterson
T. M. Hunter

ENTERTAINMENT OF OUT-OF-STATE VISITORS COMMITTEE

Charles Eatman, *Chairman*

J. A. Sinclair
Paul Fitzgerald, Jr.
Olin Owen
Wilbert Jackson
J. F. Duke
Clyde E. Minges
Walter McFall

SUPERINTENDENT OF CLINIC COMMITTEE

Howard Branch, *Chairman*

L. F. Bumgardner
C. A. Pless
W. W. Rankin
Gates McKaughan
Walter McFall

LAISON COMMITTEE TO THE DENTAL DIVISION OF THE OLD NORTH STATE MEDICAL, DENTAL AND PHARMACEUTICAL SOCIETY

C. A. Graham, *Chairman*

S. B. Tower
H. O. Lineberger
Neal Sheffield
H. K. Thompson
E. C. Click
D. C. Woodall
L. J. Meredith
A. H. Fleming

HOSPITAL DENTAL SERVICE COMMITTEE
J. C. Watkins, *Chairman*

K. L. Johnson
Thomas L. Blair
Frank Zealey
T. E. Sikes
T. A. Atwood

ADVISORY COMMITTEE FOR VETERANS ADMINISTRATION PROGRAM
P. B. Whittington, *Chairman*

H. O. Lineberger
H. W. Gooding
E. D. Baker
Kemp Lindsey
Coyte Minges
Everett R. Teague
J. T. Bell

PUBLIC RELATIONS COMMITTEE
Z. L. Edwards, *Chairman*

Howard Allen
E. N. Lawrence
L. G. Hair
J. L. Ashby
W. B. Sherrod
S. P. Gay

PROFESSIONAL RELATIONS COMMITTEE
A. S. Bumgardner, *Chairman*

C. G. Fuquay
Oscar Hooks
M. A. Waddell
E. C. Click
M. C. Bissette
R. Philip Melvin
G. L. Hooper

ADVISORY COMMITTEE N.C.D. HYGIENIST ASSOCIATION
D. L. Pridgen, *Chairman*

L. F. Bumgardner
R. L. Thomlinson
J. R. Edwards
W. T. Martin
Burke Fox
R. D. Tuttle
Ralph Coffey

DENTAL CARIES COMMITTEE

O. C. Barker
Burke W. Fox
F. E. Gilliam
K. L. Johnson
Darden Eure

ARRANGEMENT COMMITTEE
Ralph Coffey, *Chairman*

Walter Clark
W. J. Turbyfill
O. C. Barker
Walter McFall
W. R. Aiken
C. C. Pless
Lawrence Paschal

ENTERTAINMENT COMMITTEE
W. J. Turbyfill, *Chairman*

Robert Hoffman
Carl Weaver
W. R. Aiken
W. K. Chapman
S. P. Gay
S. E. Moser
Stacy Hair

GOLF COMMITTEE

Frank Davis, *Chairman*

S. H. Steelman
J. R. Fritz
Nat Maddux
W. J. McDaniels
L. M. Daniels
W. D. Yelton
J. M. Pringle

HOUSING COMMITTEE

Moultrie Truluck, *Chairman*

Geo. Carrell
Worth Byrd
Pierce Roberts, Jr.
Ralph Falls
Newton Smith

Of course, according to the new Constitution and By-Laws, the President and the President-Elect will serve as delegates to the American Dental Association.

Is thre any further business to come before the Society? (No response.)

If not, I ask that the Executive Committee remain here after adjournment and, if possible, all the members of the Program Committee. We want to set a date and make arrangements for a meeting sometime soon about our program.

If there is nothing further to discuss the meeting will stand adjourned, and the Executive Committee will meet immediately in this room.

I now declare the Ninety-First Anniversary meeting of the North Carolina Dental Society adjourned.

Whereupon the Society adjourned at eleven-five o'clock a.m., Wednesday, May 7, 1947.

NORTH CAROLINA DENTAL SOCIETY
SECRETARY-TREASURERS REPORT
May 31, 1947

The Officers and Directors
North Carolina Dental Society
Benson, North Carolina

Gentlemen:

We have examined the books and records of the NORTH CAROLINA DENTAL SOCIETY, BENSON, NORTH CAROLINA for the fiscal year ended May 31, 1947, and submit herewith our report, consisting of the following described statements and comments related thereto.

EXHIBIT A—Balance Sheet

EXHIBIT B—Statement of Cash Receipts and Disbursements

Schedule 1—Reconciliation of Bank Account

Cash on deposit was confirmed by correspondence with the depository. All recorded receipts were traced into the society's bank account and all disbursements were found to be supported by paid invoices or other evidence of vaild obligations. The U. S. Treasury bonds were not available for our inspection, but a letter on file dated June 3, 1947 and signed by the cashier of the Benson, North Carolina, branch of the First-Citizens Bank and Trust Company, certified that Dr. C. W. Sanders had exhibited these bonds made payable to the society.

Due to the fact that the society's books are kept on the basis of each receipts and disbursements and no records of the membership have been made available to us, no provision has been made in the statements of this report for any membership dues which may be deliquent. Likewise, no liabilities are shown for any dues which may be payable to the A.D.A. or for services rendered to the society which might have been due and payable at May 31,1947.

According to information reported to us, the cash receipts and disbursements of the North Carolina Relief Fund for the fiscal year ended May 31, 1947 were as follows:

RECEIPTS:

North Carolina Dental Society	$ 200.00
Sale of Scrap	245.67
American Dental Association	342.25
Interest on Deposits	13.51
Total Reciepts	801.43
Cash Balance, June 1, 1946	809.62
Total Receipts and Balance	1,611.05

DISBURSEMENTS:

Dr. J. D. Gregg	$ 200.00	
Purchase of U. S. Treasury Bond	740.00	940.00
Cash Balance, May 31, 1947		$ 671.05

The assets of the fund at May 31, 1947, were as follows:

Cash on Deposit	$ 671.05
U. S. Treasury Bonds - Series F	5,938.50
Total	$ 6,609.55

The cash on deposit for the fund was confirmed by correspondence with the depository. The U. S. Treasury bonds were not available for our inspection but a letter on file, dated June 3, 1947 and signed by the cashier of the Benson, North Carolina, branch of the First-Citizens Bank and Trust Company, certified that Dr. C. W. Sanders had exhibited these bonds made payable to the relief fund.

Respectfully,

(Signed) Strand, Skees and Jones
CERTIFIED PUBLIC ACCOUNTANTS

ASSETS

BALANCE SHEET—MAY 31, 1947

Cash on Deposit		$ 5,898.14
Investments (Cost):		
U. S. Treasury Baby Bonds (Value at Maturity $5,000.00)	$ 3,750.00	
U. S. Treasury Bonds - Series F (Value at Maturity $3,500.00)	2,590.00	6,340.00
Total Assets		$12,238.14

STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS

FOR THE FISCAL YEAR ENDED MAY 31, 1947

	Annual Memberships	Life Memberships	Total
Receipts:			
Membership Dues:			
First District	$ 2,052.00	$ 54.00	$ 2,106.00
Second District	1,920.00	204.00	2,124.00
Third District	1,248.00	138.00	1,386.00
Fourth District	1,050.00	216.00	1,266.00
Fifth District	1,254.00	138.00	1,392.00
Total	7,524.00	750.00	8,274.00
Sale of Exhibit Space			$ 3,290.00
Sale of N. C. Dental Society Rosters			20.00
Profit on Sale of Histories			279.00
Refunds from American Dental Association			540.00
Total			12,403.46
Cash Balance, June 1, 1946			3,851.89
Total Receipts and Balance			16,255.35

Disbursements:

American Dental Association, Proportionate Share of Membership Dues:		
Annual Memberships	$ 4,043.00	
Life Memberships	750.00	$ 4,793.00
Expenses:		
Salary Editor Publisher	150.00	
Salary Secretary-Treasurer	250.00	

Salaries District Secretaries	125.00		
Dr. J. Martin Fleming - Relief Fund	200.00		
Expenses Local Arrangements Committees 1946 Meeting	249.46		
Printing Proceedings of 1946 Meeting	1,236.30		
Expense Local Arrangements Committees 1947 Meeting	1,504.89*		
Honorarium and Expenses 1947 Meeting	1,187.84		
Stationery, Printing and Supplies	173.81		
Telephone and Telegraph	138.81		
Postage	68.93		
Fidelity Bonds	50.00		
Accounting	25.00	5,360.14	
Total - Forward		10,153.14	16,255.35

RECEIPTS:

Total Receipts and Balance (Brought Forward)			$ 16,255.35
DISBURSEMENTS: Brought Forward		$ 10,153.14	
Expenses (Concluded):			
Flowers	$ 17.51		
President's Medal	18.45		
Intangible Tax	4.11	40.07	
Refunds to Members of Dues Overpaid		24.00	
Refunds on Sale of Exhibit Space		140.00	10,357.21
Cash Balance, May 31, 1947			$ 5,898.14

*Break Down of Item in 1947 Audit—Under Disbursements Designated—"Expense Local Arrangements Committee 1947 Meeting."

ENTERTAINMENT

Expenses

1—Bill Joe Austin (Orchestra for Dance)	$ 125.00	
2—Dr. Heaton (Banquet Speaker)	75.00	
3—Welch Art Shop (Bridge Prizes)	27.25	
4—Carolina Orchid Growers (Visit to Gardens by—Ladies	85.00	
Total		$ 312.25

ARRANGEMENTS COMMITTEE EXPENSES

1—Wolverine Art Shop (Badges)	77.97	
2—American Exhibition Co. (Exhibit Booths)	675.00	
3—Banquet Tickets for Special Guests	20.34	
4—Capt. Sherwood (Publicity)	60.00	
5—Mrs. Henderson and Mrs. Longwell (Registration)	65.00	
6—Mary Robinson (Reporting Meeting)	195.47	
7—E. M. Medlin (Telephone, Telegraph & Postage)	24.37	
8—Clinic Expense (Lasley)	5.00	
9—Public Address System	60.00	
10—Table Clinic Expense (Johnson)	9.80	
11—R. W. Maddry (Publicity)	86.00	
Total		1,591.74

RECONCILATION OF BANK ACCOUNT May 31, 1947

First-Citizens Bank and Trust Company		$ 6,637.35
Benson, North Carolina		
Less—Outstanding Checks:		
252 Dr. H. H. Homer	$ 97.95	
254 Capt. G. F. Sherwood	60.00	
257 Mrs. O. E. Longwell	30.00	
258 Dr. B. F. Sapienza	160.00	
271 American Dental Association	42.00	
272 Dr. Irving Hardy	197.00	
273 Dr. J. T. Lasley	5.00	
277 Gouger & Veno Electric Shop	60.00	
278 R. W. Madry	86.60	739.21
Balance Per Books		$ 5,898.14

ROSTER OF MEMBERS ATTENDING MEETING

May 1947

First District

A. D. Abernethy
A. David Abernethy
L. P. Baker
Robert N. Baker
O. C. Barker
M. R. Barringer
Harold Book
H. J. Boyles
Jack Boyles
C. F. Brown
C. Z. Candler, Jr.
Geo. H. Carrell
W. K. Chapman
Walter E. Clark
W. S. Clayton
A. P. Cline
Ralph Coffey
E. W. Connell
A. C. Current
Wm. Davenport
F. W. Davis
Clinton C. Dierck
Borden C. Drum
A. C. Edwards
E. L. Edwards
T. L. Ezzell
Ralph L. Falls
J. Wm. Faucette
C. B. Fritz
John R. Fritz
H. D. Froneberger
C. D. Gerdes
H. B. Gibson
E. T. Glenn
R. H. Graham
J. E. Hair
Paul E. Hedrick
R. R. Hoffman
R. R. Howes
F. L. Hunt
S. H. Isenhower
Clyde H. Jarrett, Jr.
Otho Roy Keith, Jr.
R. B. Kennerly
A. A. Lackey
N. P. Maddux
James A. Marshburn
Wm. M. Matheson
N. M. Medford
W. J. Miller
Tom Mize
O. L. Moore
James E. Moser
S. E. Moser
H. M. May
C. S. McCall
C. W. McCall
Wm. J. McDaniel
Walter T. McFall
Harold McGuire
R. L. Paisley
C. A. Parker
W. H. Parker
C. M. Peeler
Harold Edwin Plaster
Auburn L. Poovey
James L. Price
J. F. Reece
Pearce Roberts
L. T. Russell, Jr.
Fred L. Self
I. R. Self
Ruffin Self
J. A. Sinclair
S. H. Steelman
G. C. Stowe, Jr.
M. H. Truluck
Robt. Turner
David M. Tuttle
R. C. Weaver
C. T. Wells
C. M. Whisnant
J. L. Woody
M. E. Woody, Jr.
P. P. Yates
J. L. Yelton
W. D. Yelton

SECOND DISTRICT

G. S. Alexander
F. O. Alford
L. F. Arthur
J. L. Ashby
Edward U. Austin
L. L. Banker
Carl Barkley
D. L. Beavers
Franklin C. Beavers
T. J. Bell, Jr.
D. L. Belvin
James Bingham, Jr.
J. P. Bingham, Sr.
A. R. Black
V. A. Black
C. A. Blackburn
T. L. Blair
A. S. Bumgardner
L. F. Bumgardner
R. T. Byerly
G. R. Carter
R. P. Casey
A. H. Cash
A. C. Chamberlain
E. G. Click
Duke Conduff
Vernon Cox
J. R. Crawford
R. W. Crews
Hylton K. Crotts
W. C. Current
Joe V. Davis
V. L. DeHart
S. C. Duncan
R. H. Ellington
W. L. Ezzell
W. R. Fisher
J. M. Folger
Burke W. Fox
M. O. Fox
N. D. Fox
J. B. Freedland
C. E. Furr
J. H. Guion
T. N. Hames
James A. Harrell
R. B. Harrell
J. F. Hartness
Gary Heesman
J. Wm. Heinz
C. Robert Helsabeck
O. R. Hodgin
Milo J. Hoffman
J. M. Holland
R. H. Holliday
L. C. Holshouser
H. H. Houck
P. C. Hull
P. C. Hull, Jr.
R. N. Hunt
W. A. Ingram
John R. Irwin
D. A. Jackson
Ralph Jarrett
B. E. Jones
H. L. Keel
C. C. Keiger
Vaiden Kendrick
F. W. Kirk
J. D. Kiser
A. R. Kistler
G. A. Lazenby
E. E. Lipe
G. M. Masten
Robert Masten
R. Philip Melvin
D. B. Mizell
D. O. Montgomery
E. B. Morgan
E. C. Morris
Donald W. Morris
Paul Moorefield
Elliot Motley
J. A. McClung
J. H. Nicholson
Thos. G. Nisbet
Otis Oliver
Olin W. Owen
C. M. Parks
R. M. Patterson
Fred N. Pegg
R. E. Retree
John Pharr
J. P. Reece
J. G. Rehm
C. S. Reid
J. T. Rogers
Grady Ross

W. B. Sherrod
Hubert B. Sapps
J. R. Secrest
W. A. Secrest
R. Reynolds Shoaf
Wade Sowers
Riley E. Spoon
Fleming H. Stone
I. Frank Stone
S. H. Strawn
W. C. Taylor
Carl L. Thomas
Harold W. Thompson
L. R. Thompson
F. N. Tomlinson
M. L. Troutman
R. D. Tuttle
C. H. Wadsworth
Bernard N. Walker
Frank H. Walker
L. E. Wall
D. T. Waller
J. C. Watkins
W. P. Weeks
G. E. Waynick
R. G. Wharton
Wm. F. Yalton
G. W. Yokeley
D. C. Young
H. S. Zimmerman

THIRD DISTRICT

C. A. Adams
R. G. Adams
Frank Atwater
T. A. Atwood
V. T. Bell
J. T. Bell
J. S. Betts
W. W. Bowling
J. D. Bradsher
R. W. Bowling
J. D. Bradsher
R. W. Brannock
W. T. Burns
L. H. Butler
Howard X. Bowling
F. S. Caddell
C. S. Caldwel
N. R. Callaghan
H. C. Carr
Daniel T. Carr
J. N. Caudle
M. L. Cherry
L. G. Coble
A. W. Craver
L. M. Daniels
L. M. Edwards
L. M. Edwards, Jr.
D. H. Erwin
M. R. Evans
W. I. Farrell
H. K. Foster
L. M. Foushee
John I. Gale
S. P. Gay
F. E. Gilliam
C. A. Graham
C. A. Graham, Jr.
W. K. Griffin
S. T. Hart
G. G. Herr
W. R. Hinton
J. N. Hester
R. H. Holden
J. H. Hughes
H. M. Hunsucker
N. C. Johnson
Harry A. Karesh
G. F. Kirkland
C. D. Kistler
J. T. Lashley
J. J. Lauten
D. K. Lockhart
H. S. Long
R. E. Long
E. M. Medlin
J. W. Menius
Charles I. Miller
J. B. Milliken
H. W. Moore
J. S. Moore
Henry V. Murray
S. H. McCall
A. A. McDuffie
J. A. McIntosh

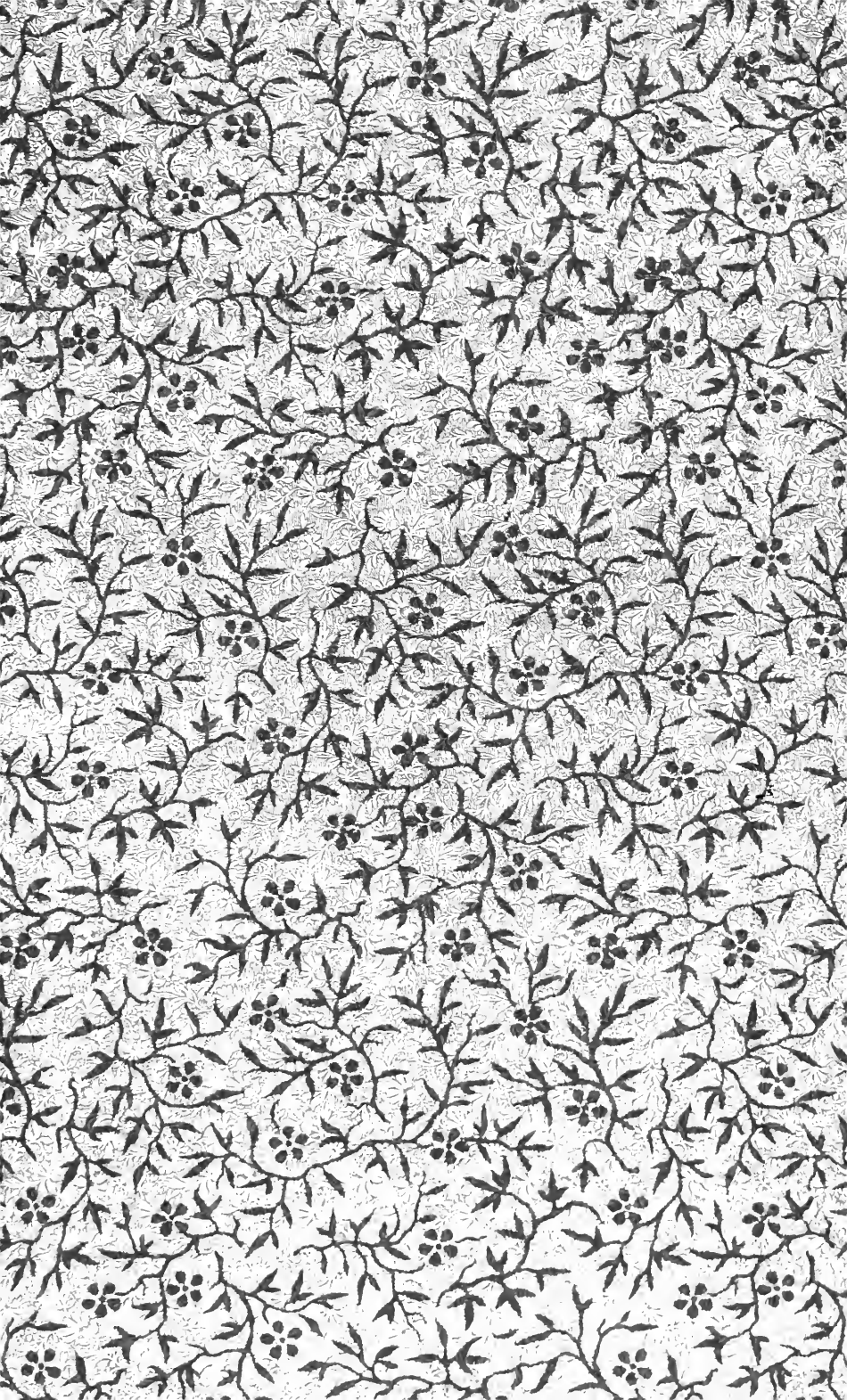
W. E. Neal
J. B. Newman
M. E. Newton
C. P. Osborne
R. F. Overcash
L. G. Page
H. M. Paterson
D. R. Pitts
J. E. Pleasants
C. C. Poindexter
C. B. Pratt
W. A. Pressley
O. L. Pressnell
A. J. Pringle
J. R. Pringle
A. P. Reade
N. F. Ross
T. J. Ross
S. W. Shaffer
B. B. Shamburger
Neal Sheffield
T. E. Sikes
J. S. Spurgeon
A. S. Stanford
F. M. Stonestreet
C. N. Stone
John Swaim
C. H. Teague
Everette R. Teauge
J. T. Thomas
J. T. Underwood
R. L. Underwood
Frank T. Webster
P. B. Whittington
R. A. Wilkins
B. W. Williamson
J. F. Williamson
G. R. Willis
C. B. Wolfe
F. S. Woody
L. H. Zimmerman
L. R. Zimmerman
T. R. Zimmerman

FOURTH DISTRICT

C. E. Abernethy
H. L. Allen
C. D. Bain
E. D. Baker
Paul T. Baker
A. D. Barber
V. E. Bell
F. H. Biddell
S. L. Bobbitt
H. B. Bowden
E. A. Branch
W. H. Branch
J. W. Banham
E. H. Broughton
J. K. Bryan
Robert Byrd
W. M. Byrd
H. R. Chamblee
R. D. Clements
T. G. Collins
J. F. Coltrane
P. E. Cotter
A. S. Cromartie
John N. Denning
R. L. Eagles
J. H. Edwards
J .R. Edwards
John R. Edwards, Jr.
Paisley Fields
S. J. Finch
Paul Fitzgerald
A. H. Fleming
T. S. Fleming
J. M. Fleming
C. G. Fuquay
J. M. Gardner
L. G. Hair
J. S. Hair
G. F. Hale
R. P. Hamilton
P. T. Harrell
L. D. Herring
J. Y. Hinson
G. L. Hooper
S. R. Horton
J. K. Hunt
T. M. Hunter
Wilbert Jackson
J. A. Jerigan
J. C. Johnson

K. L. Johnson
M. T. Jones
R. S. Jones
J. F. Jordan
David D. King
J. N. Lawrence
E. G. Lee
W. G. Lee
R. B. Lessem
J. H. Ligon
W. K. Lindsay
H. O. Linberger
W. T. Martin
L. M. Massey
W. J. Massey, Jr.
S. H. Massey
L. J. Moore
L. J. Moore, Jr.
F. W. McCracken
Gates McKaughan
Graham McLean
W. L. McRae
A. W. Nance
W. G. Nimocks
R. J. Noble
R. M. Olive
R. M. Olive, Jr.
L. H. Paschal
E. A. Pearson
A. A. Phillips
D. L. Pridgen
J. M. Pringle
J. F. Pruitt
F. C. Purvis
W. W. Rankin
R. R. Renfrow
C. E. Roberts
C. W. Sanders
Everett Smith
Marcus R. Smith
Newton Smith
D. T. Smithwick
C. W. Stevens
J. J. Tew
S. B. Towler
M. F. Townsend
R. A. Turlington
A. D. Underwood
Finch Walter
Douglas A. White
J. W. Whithead
D. C. Woodall
M. A. Woodell
T. L. Young

Fifth District

Sidney V. Allen
V. M. Barnes
H. A. Baughan
F. D. Bell
M. D. Bissette
M. T. Blanchard
A. B. Bonner
Dewey Boseman
H. W. Civils
Charles Cooke
R. A. Daniel
J. V. Davis
E. C. Denton
J. F. Duke
L. J. Dupree
A. C. Early
C. D. Eatman
Z. L. Edwards
E. L. Eatman
D. J. Eure
A. R. Falls
Paul Fitzgerald
J. E. Furr
C. P. Godwin
H. W. Gooding
A. L. Harris
F. G. Harris
W. I. Hart
Oscar Hooks
R. F. Hunt
A. T. Jennette
C. B. Johnson
B. McK. Johnson
Paul E. Jones
J. M. Kilpatrick
J. M. Kornegay
C. G. Lancaster
M. M. Lilly
A. R. Mallard

S. C. Marks
M. B. Massey
L. J. Meredith
C. E. Minges
C. R. Minges
R. T. Moore
B. R. Morrison
P. L. Munsell
H. E. Nixon
Lee Overman
Robert Parker
Guy E. Pigford
G. W. Price
P. G. Poole
S. D. Poole
W. T. Ralph
W. L. Rudder
Herbert Smith
Junius C. Smith
James H. Smith
Herbert Spear
Robert L. Tomlinson
L. R. Turner
J. V. Turner
Remus Turner
Ransey Weathersbee, Jr.
H. E. Weeks
A. P. Whitehead
R. L. Whitehurst
R. E. Williams
A. L. Woaten
G. A. Wooten
Dan Wright
Hugh Yelverton
H. L. Young
W. H. Young
J. M. Zealy